

Required formats and Information for <u>Laboratory Requisitions</u> <u>Obtaining Laboratory Requisitions</u>		
Requirements		
Requisition Field	Description	Formats/Additional Information
<b>Patient's full name (last and first)</b>	Ensures correct patient identification	Name format: last name, first name Unique identification of the patient is important. <u>Do not use</u> nicknames, or initials. Name on requisition and specimen label must be identical Exceptions: anonymous and unidentified protocol patients.
<b>Patient's second identifier</b>	Ensures correct patient identification	Preferably Health Card Number and province or RCMP, Military, Refugee, Passport or Immigration numbers. Second identifier on requisition and label must be identical. Exceptions: anonymous and unidentified protocol patients.
<b>Test(s) requested</b>	Specific test(s) needs to be included to prevent delays. See <a href="#">Laboratory Test Utilization</a> webpage)	A number of tests can be requested on one requisition. Some tests require a specific requisition. See Capital Health's <a href="#">Laboratory Test Catalogue</a> for more information.
<b>Authorized Requestor's/client information</b>	Routes results to the correct location/provider.	Name format: last name, first name Provincial Medical Board number (preferred) or address/client
<b>Signatures on requisition of the collector and a witness for Blood Transfusion Specimens</b>	Best practice	Signature of collector and witness See Capital Health's policy <a href="#">CC 85-079 Venipuncture for Specimen/Blood Culture Collection</a>
<b>Date and time of collection</b>	Identify the point in time that the specimen was collected. Provides relevant information required for testing. Example: stability of analyte.	Date format: YYYY/MMM/DD Time format: 24 hour
Other Requested Information		
Requisition Field	Description	Formats/Additional Information
<b>Test Priority</b>	Ensure testing is prioritized to meet the need of patient.  <a href="#">Capital Health Laboratory tests turnaround time standards</a> (TAT)	<b>Priority definitions:</b> Refer to <a href="#">Laboratory Testing Priorities</a> for more information.

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<b>Patient's sex and date of birth</b>	Reference ranges can be based on sex and age.	Sex format: Male or Female Do not use M or F or other symbols Date of birth format: YYYY/MMM/DD e.g., 1987/Jan/21
<b>Additional physician's information if copy of report required</b>	Report results to the correct location/provider.	Name format: last name, first name Provincial Medical Board number (preferred) or address
<b>Appropriate clinical information</b>	Informs how the specimen is processed or results interpreted.	Clinical History Example: Pregnancy, previous transfusions, sensitization history, recent travel etc.
<b>Type of specimen and the anatomical site of origin (when appropriate)</b>	Determine how the specimen is processed or results interpreted.	Example: peritoneal fluid, throat swab, blood culture left arm.
<b>Collector location/facility</b>	Collection location	Identification of facility where collection occurred.
<b>Collector identification</b>	Traceability of specimen collector	Full name of the person that collected the specimen, assigned Capital Health Laboratory Information System username, signature
<b>Billing information (if not being billed to Provincial Health Care System)</b>	Ensure appropriate billing for the test.	Provincial Health Care number, insurance provider or complete billing information (name, address). Example: patient self pay for testing
<b>Patient's contact information and Physician's phone number</b>	Ensure physician or patient can be contacted in the event of critical results.	Phone number where the patient can be reached within 12 hours from time of collection.
<b>Current Capital Health financial/account number</b>	Ensure selection of the correct Capital Health visit.	
<b>Alternate Destination of the report</b>	Ensures correct delivery of reports within Capital Health	The report is to be sent to additional/alternate destinations the correct information must be supplied. Example: Inpatient report to be sent to Dialysis unit, copy of report to consulting physician.