

BIOCHEMISTRY

Referred-in Client Requisition

REFERRING PHYSICIAN / INSTITUTION

Name: _____	Address: _____	Telephone: _____
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PHONE RESULTS TO:

Telephone: _____	Fax: _____
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SPECIMEN INFORMATION

Collection Date: _____ (DD/MM/YYYY)	Collection Time: _____ (hh:mm)	Referring Specimen/Reference #: _____
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STORAGE / TRANSPORTATION

Send specimens frozen unless otherwise specified.

Test Name	Specimen Requirements	
<input type="checkbox"/> 11-Deoxycortisol, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> 17-Hydroxy Progesterone, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> 21-HydroxyProgesterone, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Alpha-fetoprotein (AFP), Blood	150 uL	Serum
<input type="checkbox"/> Androstenedione, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Anti-TPO, Blood	150 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Breath Hydrogen	20 cc	Expired Air (Contact lab before sending)
<input type="checkbox"/> Carotene, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Chylomicrons in Fluids - ChyloThorax Investigation	300 uL	Fluid samples (e.g., pleural, peritoneal, chest drainage) (Send cold with ice packs)
<input type="checkbox"/> Corticosterone, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Cortisol, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> DHEA-S, Blood	1mL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Estradiol (Sensitive), Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Fecal Elastase, Stool	10 g	Random stool
<input type="checkbox"/> Fecal Fat, Stool	100 g	Feces (Contact lab before sending)
<input type="checkbox"/> Ferritin, Blood	150 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Folate, Serum and RBC	150 uL	Serum, Protect from light, EDTA for RBC Folate
<input type="checkbox"/> Free Fatty Acid, Blood	150 uL	Serum
<input type="checkbox"/> FSH, Blood	150 uL	Serum, Plasma (Lithium Heparin)

Received Date & Time:

LABORATORY USE ONLY
SickKids Lab #:

BIOCHEMISTRY

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Test Name	Specimen Requirements	
<input type="checkbox"/> Growth Hormone, Blood	250 uL	Serum
<input type="checkbox"/> hCG (Total B-hCG), Blood (Pregnancy)	150 uL	Serum
<input type="checkbox"/> hCG (Total B-hCG), Blood (Tumor marker)	150 uL	Serum
<input type="checkbox"/> Homocysteine, Blood	300 uL	Serum, Plasma (Lithium Heparin / K-EDTA)
<input type="checkbox"/> Homovanillic Acid (HVA), Urine	20 mL	Urine
<input type="checkbox"/> IGF-1, Blood	200 uL	Serum
<input type="checkbox"/> Insulin, Blood	250 uL	Serum, Plasma (Sodium / Lithium Heparin)
<input type="checkbox"/> Intralipid, Blood	200 uL	Serum (<u>Do not freeze. Send in ice packs</u>)
<input type="checkbox"/> LH, Blood	150 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Osmolarity, Blood	60 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Pancreatic Amylase, blood	200 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Plasma Haemoglobin, Blood	1200 uL	Plasma (Lithium Heparin)
<input type="checkbox"/> Progesterone, Blood	500 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Prolactin, Blood	150 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> PTH - Intact, Blood	300 uL	Serum
<input type="checkbox"/> Renin, Direct, Blood	1 mL	EDTA plasma
<input type="checkbox"/> Soluble Transferrin Receptor	250 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Sweat Chloride	40 uL	Sweat
<input type="checkbox"/> T3 - Total, Blood	150 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> T4 - Free, Blood	150 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Testosterone, Blood	300 uL	Serum
<input type="checkbox"/> TSH, Blood	300 uL	Serum, Plasma (Sodium / Lithium Heparin)
<input type="checkbox"/> Vanillylmandelic Acid (VMA), Urine	20 mL	Urine
<input type="checkbox"/> Vitamin A, Blood	300 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Vitamin B12, Blood	150 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Vitamin D2 and D3, Blood	300 uL	Serum, Plasma (Lithium Heparin)
<input type="checkbox"/> Vitamin E, Blood	300 uL	Serum, Plasma (Lithium Heparin)

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