

BLOOD TEST REQUISITION

Fax this form and any screening/consent forms to 441-232-0403 or scan and email to: phleb@hmc.bm

Physical Address: 10/12 Burnaby Street, City of Hamilton HM11 Bermuda

Patient Name: _____ Male Female **DOB:** (DD/MM/YYYY) **Tel:** _____

Patient Address: _____

Ordering Doctor: _____ **Copy To:** _____

Insurance Company: _____ **Policy No.** _____ **Cert No.** _____

Relevant Diagnosis & PMHX: _____

PROFILES

- ANTENATAL** (CBC, RPR, HepBAg, Rub, HIV, TORCH, HepC)
- CHEM** (EDPR, Liver, CPK, LDH, Urate, Trig, Chol, Phos, Ca)
 - Random 12hr fast
- CORONARY RISK** (Chol, Trig, HDL, LDL) 12hr fast only
- COAGULATION SCREEN** (PTT, INR)
- EDPR** (Na, K, Cl, Glu, BUN, Creat) Random 12hr fast
- HEPATITIS SCREEN** (Hep A, B, C, LFT, GGT, CMV)
- IRON STUDIES** (TF, Ferritin, Iron, TIBC, %Sat)
- LIVER** (ALT, AST, ALP, Tot, Bil., Alb, Tot, Prot., GGT)
- THYROID FUNCTION** (TSH, FT4, TT4, FT3)
- GLUCOSE** 75g (Non-Pregnant)
- TOLERANCE** 50g (Gestational Only)
- TESTS** 100g (Confirmation after previous elevated result)

MICROBIOLOGY

- | SPECIMEN | SITE or TYPE |
|--|---------------|
| <input type="checkbox"/> CT / NG / TR/ M. Genitalium | (urine) _____ |
| <input type="checkbox"/> HBV - Viral Load | _____ |
| <input type="checkbox"/> HCV - Viral Load | _____ |
| <input type="checkbox"/> HIV - Viral Load | _____ |
| <input type="checkbox"/> HPV (From thin prep / Cerv. Swab) | _____ |
| <input type="checkbox"/> Monospot | _____ |
| <input type="checkbox"/> MRSA - Nasal Swab | _____ |
| <input type="checkbox"/> RSV - Nasopharyngeal | _____ |
| <input type="checkbox"/> SARS-COVID-2 PCR | _____ |
| <input type="checkbox"/> SARS -Covid-2/ Flu / RSV | _____ |
| <input type="checkbox"/> Sputum - AFB | _____ |
| <input type="checkbox"/> Stool - c.difficile | _____ |
| <input type="checkbox"/> Stool - norovirus | _____ |
| <input type="checkbox"/> Strep A. | _____ |
| <input type="checkbox"/> Urine U/A | _____ |

TUMOUR MARKERS

- AFP
- CA 125
- CA 15-3
- CA 19-9
- CEA
- PSA Total
- PSA Free
- PSA Ratio

CHEMISTRY

- ALBUMIN
- Alk. Phosphatase
- ALT / SGPT
- Amylase
- AST / SGOT
- Bilirubin, Total & Direct
- BNP
- Calcium
- Chloride
- Cholesterol
- CK
- CKMB
- Creatinine
- Electrolytes (NA, K, Cl, SUN)
- Ferritin
- Fe %Satn
- GGT
- Glucose Random 12hr fast
- Hemoglobin A1C
- Iron
- LDH
- Magnesium
- Phosphorus
- Potassium
- Sodium
- Total Protein
- TIBC
- Transferrin
- Triglycerides
- Troponin I
- Urea Nitrogen
- Uric Acid

ENDOCRINOLOGY

- HCG Serum Qualitative
- HCG Serum Quantitative
- HCG Urine
- Cortisol
- DHEA
- Estradiol
- Free T3
- Free T4
- FSH
- LH
- Progesterone
- Prolactin
- PTH
- Testosterone, total
- Total T4
- TSH

SPECIAL CHEMISTRY

- ANA
- Antistreptolysin O
- B12
- CMV Ig G
- CMV Ig M
- C Peptide
- Complement 3
- Complement 4
- C-Reactive Protein
- C-Reactive Protein (High Sens)
- Folate
- Hepatitis A Tot. Ab
- Hepatitis A IgM
- Hepatitis B Surf. Antigen
- Hepatitis B Surf. Antibody
- Hepatitis B Core Antibody
- Hepatitis C Antibody
- HIV Qualitative
- HIV Quantitative
- H. Pylori
- Herpes 1 & 2
- Homocysteine
- Procalcitonin
- Rheumatoid Factor
- RPR / STS
- Rubella
- Vit. D 25 - OH Total

PHARMACOLOGY

- Carbamazepine (Teg)
- Digoxin
- Drug Screen Amp, M-Amp, Barbs, Benzos, Coc, OPI, PCP, THC
- Phenytoin (Dilantin)
- Sirolimus
- Tacrolimus
- Theophylline
- Valproic Acid

HEMATOLOGY

- CBC
- D-Dimer
- ESR
- Factor II, Factor V, Factor VII
- Factor IX, Factor X, Factor XIII
- Factor V Leiden
- Fibrinogen
- Fibrinolysis (Plasminogen, Plasmin Inhibitor)
- Fibrin Degradation Products (FDP)
- INR
- Lupus Anticoagulants (Silica Clotting Time)
- Mono-Spot
- Plasminogen
- PT
- PTT
- Potein C
- Protein S
- Reticulocyte Count
- Von Willebrand Antigen

ADDITIONAL

- FOB
- Paternity Testing
- * **CREATININE CLEARANCE** test requires a Serum Creatinine analysis in addition to the 24hr Urine Creatinine sample.