

PATIENT	PHYSICIAN
Name - Address _____ _____	Name _____
Phone: _____ Cell.: _____	Licence number ID# _____
Date of birth: _____	Signature required: _____ prescribed on: _____

PROFILES	BIOCHEMISTRY																		
<input type="checkbox"/> <b>Profile 1**</b> (CBC, Biochemistry and Lipid panels, urinalysis) <input type="checkbox"/> with sedimentation <input type="checkbox"/> with HbA1c <input type="checkbox"/> with AST, Urea, LDH  <input type="checkbox"/> <b>Profile 2**</b> (CBC, Biochemistry panel, urinalysis) <input type="checkbox"/> with sedimentation <input type="checkbox"/> with AST, Urea, LDH  <input type="checkbox"/> <b>Biochemistry Profile**</b> <table border="0"> <tr> <td>Albumin</td> <td>Creatinine</td> <td>Total bilirubin</td> </tr> <tr> <td>ALP</td> <td>GGT</td> <td>Total protein</td> </tr> <tr> <td>ALT</td> <td>Glucose</td> <td>Triglycerides</td> </tr> <tr> <td>K - potassium</td> <td>Calcium</td> <td>Uric acid</td> </tr> <tr> <td>Chloride</td> <td>Na - sodium</td> <td>Cholesterol</td> </tr> <tr> <td>Phosphate</td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> with HbA1c <input type="checkbox"/> with AST, Urea, LDH  <input type="checkbox"/> <b>Biochemistry + Lipid Profile**</b> <input type="checkbox"/> with HbA1c <input type="checkbox"/> with AST, Urea, LDH	Albumin	Creatinine	Total bilirubin	ALP	GGT	Total protein	ALT	Glucose	Triglycerides	K - potassium	Calcium	Uric acid	Chloride	Na - sodium	Cholesterol	Phosphate			<input type="checkbox"/> Albumin <input type="checkbox"/> ALP <input type="checkbox"/> ALT <input type="checkbox"/> Amylase <input type="checkbox"/> Apo A <input type="checkbox"/> Apo B <input type="checkbox"/> AST <input type="checkbox"/> β-hCG (blood-quant) <input type="checkbox"/> Bilirubin (total) <input type="checkbox"/> Bilirubin (direct) <input type="checkbox"/> Bioav. testosterone <input type="checkbox"/> Calcium <input type="checkbox"/> CA125 <input type="checkbox"/> CEA <input type="checkbox"/> Cholesterol (total) <input type="checkbox"/> CK <input type="checkbox"/> CO2 <input type="checkbox"/> Creatinine (eGFR) <input type="checkbox"/> CTX (Serum telopeptides) * <input type="checkbox"/> Estradiol <input type="checkbox"/> Ferritin <input type="checkbox"/> Folic acid <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> Fructosamine <input type="checkbox"/> FSH / LH <input type="checkbox"/> GGT <input type="checkbox"/> Glucose * <input type="checkbox"/> Glucose 1h post 50g * <input type="checkbox"/> Glucose 2h post 75g * <input type="checkbox"/> Glucose 1h PC <input type="checkbox"/> Glucose 2h PC <input type="checkbox"/> Hb A1c <input type="checkbox"/> Homocysteine <input type="checkbox"/> hsCRP <input type="checkbox"/> Iron <input type="checkbox"/> K - potassium <input type="checkbox"/> LDH <input type="checkbox"/> Lipase <input type="checkbox"/> Lithium <input type="checkbox"/> Magnesium <input type="checkbox"/> Na - sodium <input type="checkbox"/> NT-proBNP <input type="checkbox"/> OGTT 2h post 75g * <input type="checkbox"/> Phosphate <input type="checkbox"/> Prolactin <input type="checkbox"/> Protein (Total) <input type="checkbox"/> Protein electrophoresis <input type="checkbox"/> PSA <input type="checkbox"/> PSA cascade (Free PSA if total PSA > 2.0) <input type="checkbox"/> Thyroid antibodies <input type="checkbox"/> Testosterone (total) <input type="checkbox"/> Transglutaminase + IgA <input type="checkbox"/> Triglycerides ** <input type="checkbox"/> Uric acid <input type="checkbox"/> Urea <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D (25-hydroxy)
Albumin	Creatinine	Total bilirubin																	
ALP	GGT	Total protein																	
ALT	Glucose	Triglycerides																	
K - potassium	Calcium	Uric acid																	
Chloride	Na - sodium	Cholesterol																	
Phosphate																			
PANELS																			
<input type="checkbox"/> <b>Lipid**</b> (Total cholesterol, triglycerides, HDL, LDL, ApoB)  <input type="checkbox"/> <b>Electrolyte (Na, K, Cl)</b>  <input type="checkbox"/> <b>Cardiovascular Age**</b> <table border="0"> <tr> <td>Blood pressure</td> <td>HsCRP</td> <td>Random Glucose</td> </tr> <tr> <td>Creatinine</td> <td>Lipid profile</td> <td>Waist circumference</td> </tr> <tr> <td>HbA1c</td> <td>Microalbuminuria</td> <td>Weight</td> </tr> <tr> <td>Height</td> <td>(spot)</td> <td></td> </tr> </table> <input type="checkbox"/> <b>Iron (Serum iron, transferrin, % sat., ferritin)</b>  <input type="checkbox"/> <b>Liver function</b> (Albumin, ALP, ALT, AST, GGT, LDH, Total bilirubin)  <input type="checkbox"/> <b>Rheumatoid</b> (ANA, hsCRP, protein electrophoresis, RA test)  <input type="checkbox"/> <b>Thyroid cascade</b> (TSH, Free T4 if abnormal TSH; Free T3 if low TSH and normal Free T4)	Blood pressure	HsCRP	Random Glucose	Creatinine	Lipid profile	Waist circumference	HbA1c	Microalbuminuria	Weight	Height	(spot)								
Blood pressure	HsCRP	Random Glucose																	
Creatinine	Lipid profile	Waist circumference																	
HbA1c	Microalbuminuria	Weight																	
Height	(spot)																		
HEMATOLOGY																			
<input type="checkbox"/> ANA <input type="checkbox"/> Anti-DNA <input type="checkbox"/> Anti ENA <input type="checkbox"/> Blood group and Rh <input type="checkbox"/> CBC - complete blood count <input type="checkbox"/> Coagulogram (CBC, PTINR, PTT (APTT)) <input type="checkbox"/> Erythrocyte antibody screen (with blood gr.) <input type="checkbox"/> Erythrocyte sedimentation rate <input type="checkbox"/> Monotest <input type="checkbox"/> PT INR <input type="checkbox"/> PTT (APTT) <input type="checkbox"/> Reticulocytes <input type="checkbox"/> NK Vue Test																			

MICROBIOLOGY	GYNECOLOGY	SEROLOGY			
<input type="checkbox"/> Microbiological stool analysis by PCR (Enteric pathogens multiplex) <input type="checkbox"/> Stool culture x _____ <input type="checkbox"/> Ova and parasites x _____ <input type="checkbox"/> Bacteriology throat by PCR (replaces throat culture) <input type="checkbox"/> Chlam. / Gonorr. (urine) PCR <input type="checkbox"/> Ch lam. / Gonorr. genital PCR (♀) <input type="checkbox"/> Culture _____ <input type="checkbox"/> Gonorrhea Culture <input type="checkbox"/> Helicobacter pylori (breath)*** <input type="checkbox"/> Helicobacter pylori serology <input type="checkbox"/> HIV <input type="checkbox"/> Influenza A/B and RSV <input type="checkbox"/> Rubella IgG (serodiagnostic) <input type="checkbox"/> Screening STIs - Urine (♀) (♂) (Chlam. / Gonorr., Hepatitis B, Syphilis, HIV) <input type="checkbox"/> Screening STIs - Genital (♀) (Chlam. / Gonorr., Hepatitis B, Syphilis, HIV) <input type="checkbox"/> Strepto (Direct) <input type="checkbox"/> Strepto B vaginal-anal <input type="checkbox"/> Urine culture <input type="checkbox"/> Vagina secretion culture	<b>Specific request form to be completed</b> <input type="checkbox"/> HPV-DNA <input type="checkbox"/> Liquid based Cytology reflex testing <input type="checkbox"/> Liquid based cytology  <th style="background-color: #f4a460;">SPERMOGRAM</th> <input type="checkbox"/> Post-vasectomy Spermogram  <th style="background-color: #f4a460;">HEPATITIS</th> <input type="checkbox"/> Anti HBs <input type="checkbox"/> Anti HCV (Hepatitis C) <input type="checkbox"/> HAV IgM (Hepatitis A) <input type="checkbox"/> HAV total (Hepatitis A) <input type="checkbox"/> HBsAg	SPERMOGRAM	HEPATITIS	<input type="checkbox"/> ASO titer <input type="checkbox"/> Herpes type 1 & 2 <input type="checkbox"/> Parvovirus B-19 IgG <input type="checkbox"/> Parvovirus B-19 IgM <input type="checkbox"/> Rheumatoid factor <input type="checkbox"/> Toxoplasma IgG <input type="checkbox"/> Toxoplasma IgM <input type="checkbox"/> VDRL  <th style="background-color: #f4a460;">URINE - STOOL</th> <input type="checkbox"/> Calprotectin <input type="checkbox"/> Creatinine clearance *** <input type="checkbox"/> FIT (FOBT) x1 <input type="checkbox"/> FIT (FOBT) x2 <input type="checkbox"/> Microalbuminuria *** <input type="checkbox"/> Microalbuminuria (spot) <input type="checkbox"/> Urinalysis	URINE - STOOL

OTHER ANALYSIS
<input type="checkbox"/> EKG with interpretation <input type="checkbox"/> Spirometry pre/post drug <input type="checkbox"/> Spirometry (basic) <input type="checkbox"/> Spirometry (basic) + ABI <input type="checkbox"/> Methacholine challenge <input type="checkbox"/> Dynamic EKG <input type="checkbox"/> AMBP  Clinical information : _____

MEDICAL GENETICS
<input type="checkbox"/> Genetic counselling and/or genetic testing for cancer <input type="checkbox"/> Genetic counselling and/or genetic testing for rare diseases <input type="checkbox"/> Genetic counselling and/or genetic testing for _____

PHARMACOGENETICS
<input type="checkbox"/> Mental Health <input type="checkbox"/> Pain

REMARKS

Legend		
* 8 hour fast, water permitted	***24 hour urine collection	▼ If gestational, no fasting required
**12 hour fast Water permitted, no alcohol for 24 hours before fast	****3 hour fast Without drinking	