

## LABORATORY TEST REQUISITION

### DYSPEPSIA

#### PRIMARY CARE MANAGEMENT PATHWAY

Clinical Laboratories  
76 Stuart Street  
Douglas 1 Rm 08.172  
Kingston ON K7L 2V7

Phone: 613-549-6666 ext. 7806  
Fax: 613-548-2374

The requisition should be used only for tests outlined under “LABORATORY INVESTIGATIONS” on the Dyspepsia Primary Care Management Pathway as outlined below.

PHYSICIAN	
Name:	_____
OHIP/CPSO No:	_____
Clinic Name:	_____
Address:	_____
Phone:	_____
Fax:	_____
Authorizing Signature:	_____
Cc Report to:	_____
<p><b>Attestation:</b> Referring physician attests that the requisition is being used <i>only for a patient that is on the Dyspepsia pathway.</i></p>	

PATIENT INFORMATION	
OHIN: _____	V: _____
KHSC CR No: _____	
Last Name per health card:	First Name per health card:
_____	_____
DOB: _____	Sex: <input type="radio"/> M <input type="radio"/> F
YYYY/MM/DD	
<p><b>Blood Collection Sites:</b> Patients may choose to go to <u>Armstrong 1 (KGH)</u> or <u>Jeanne Mance 5 (HDH)</u></p>	
<p><b>It is requested that patients bring this laboratory requisition for blood work when they visit.</b></p>	

LABORATORY INVESTIGATIONS	
CELIAC SCREEN	
<input type="radio"/> tTG (Tissue Transglutaminase)	
<input type="radio"/> IGA	
Date Ordered: _____	
YYYY/MM/DD	

For Phlebotomy & Laboratory Use Only			
SPECIMEN COLLECTION		SPECIMEN COLLECTION TUBES (Order of Draw)	
Collection Centre (⊗ one):	<input type="radio"/> KGH Armstrong 1 <input type="radio"/> HDH Jeanne Mance 5	 <b>1 Red Top Tube – Clot Activator</b>	
Collection Date/Time:	_____	 <b>1 Yellow Top Tube</b>	
Collected By:	_____		
LIS Test Codes			
<input type="checkbox"/> TTGIGA	<input type="checkbox"/> IGAN		