

LABORATORY TEST REQUISITION

Non-Alcoholic Fatty Liver Disease – NAFLD

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 “Baseline Investigations” on the NAFLD primary care management pathway as outlined below.

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

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 <small>YYYY/MM/DD</small>	
Blood Collection Sites: Patients may choose to go to <u>Armstrong 1 (KGH)</u> or <u>Jeanne Mance 5 (HDH)</u> It is requested that patients bring this laboratory requisition for blood work when they visit.	

BASELINE INVESTIGATIONS	
<ul style="list-style-type: none"> ▪ Liver Tests (includes ALT, AST, ALP, Albumin, Total Bilirubin, PT/INR) ▪ CBC (includes Platelets) ▪ Lipid Profile (includes Cholesterol, Triglycerides, HDL, LDL) ▪ HgBA1c 	
<input type="radio"/> Initial Baseline Investigations Date Ordered: _____ <small>YYYY/MM/DD</small>	<input type="radio"/> Follow-up Baseline Investigations (q 2-3 years) Date of Last Tests: _____ <small>YYYY/MM/DD</small>

For Phlebotomy & Laboratory Use Only			
SPECIMEN COLLECTION		SPECIMEN COLLECTION TUBES	
Collection Centre (⊗ one):	<input type="radio"/> KGH Armstrong 1 <input type="radio"/> HDH Jeanne Mance 5	 1 Light Blue Top Sodium Citrate Tube  1 Green Top Lithium Heparin Tube  2 Lavender Top EDTA Tubes	
Collection Date/Time:	_____		
Collected By:	_____		
Chemistry LIS Test Codes		Hematology LIS Test Codes	
▪ ALT	▪ AST	▪ CBC	▪ PT
▪ ALB	▪ TBIL		
▪ HGBA1C	▪ ALP		
	▪ LIPID		