Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

LABORATORY TEST REQUISITION

IRRITABLE BOWEL SYNDROME (IBS) or CHRONIC DIARRHEA

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 IBS or Chronic Diarrhea 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 ***only for a patient that is on the IBS or Chronic Diarrhea pathway***.

PATIENT INFORMATION	
OHIN:	V:
KHSC CR No:	
Last Name per health card:	First Name per health card:
DOB: (YYYY/MM/DD)	Sex: ◯ M ◯ F

Blood Collection Sites: Patients may choose to go to Armstrong 1 (KGH) or Jeanne Mance 5 (HDH)

It is requested that patients bring this laboratory requisition for blood work when they visit.

LABORATORY INVESTIGATIONS

Please indicate which pathway the patient is following: ◯ **IBS** ◯ **Chronic Diarrhea**

◯ **Celiac Serology [tTG (Tissue Transglutaminase)+IgA]**

Date Ordered: _____ (YYYY/MM/DD)

LIS Test Codes:	▪ **TTGIGA**	▪ **IGAN**	

SPECIMEN COLLECTION		**SPECIMEN COLLECTION TUBES (Order of Draw)**	
Collection Centre (⊗ one):	◯ KGH Armstrong 1 ◯ HDH Jeanne Mance 5	**1** Red Top Tube – Clot Activator	
Collection Date/Time:		Collected By:	

◯ **Calprotectin - Fecal**

Date Ordered: _____ (YYYY/MM/DD)

LIS Test Code:	▪ **CALPRO**	

SPECIMEN DROP OFF LOCATION		**SPECIMEN COLLECTION CONTAINER**
Collection Centre (⊗ one):	◯ KGH Armstrong 1 ◯ HDH Jeanne Mance 5	**1** Feces (10g) – Sterile container without preservative
Collection Date/Time:		