

**LABORATORY TEST REQUISITION**

**IRRITABLE BOWEL SYNDROME (IBS) or  
CHRONIC DIARRHEA**

**PRIMARY CARE MANAGEMENT PATHWAY**

Clinical Laboratories  
76 Stuart Street  
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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.

**\*\*IMPORTANT FOR REFERRING PROVIDER\*\*** For Fecal Calprotectin test, please provide patient with a sterile urine container to collect sample in advance of lab visit to avoid second visit to drop off the stool sample.

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 IBS or Chronic Diarrhea 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			
Please indicate which pathway the patient is following:		<input type="radio"/> IBS	<input type="radio"/> Chronic Diarrhea
<input type="radio"/> <b>Celiac Serology [tTG (Tissue Transglutaminase)+IgA]</b> Date Ordered: _____ <small>YYYY/MM/DD</small>			
LIS Test Codes:	<input type="checkbox"/> TTGIGA	<input type="checkbox"/> IGAN	
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:	_____	Collected By:	_____
<input type="radio"/> <b>Calprotectin - Fecal</b> Date Ordered: _____ <small>YYYY/MM/DD</small>			
LIS Test Code:	<input type="checkbox"/> CALPRO		
SPECIMEN DROP OFF LOCATION		SPECIMEN COLLECTION CONTAINER	
Collection Centre (⊗ one):	<input type="radio"/> KGH Armstrong 1 <input type="radio"/> HDH Jeanne Mance 5		<b>1 Feces (10g) – Sterile container without preservative</b>
Collection Date/Time:	_____		