

LABORATORY TEST REQUISITION

Metabolic-Associated Steatotic Liver Disease (MASLD)

PRIMARY CARE MANAGEMENT PATHWAY

Clinical Laboratories
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The requisition should be used only for tests outlined under “Baseline Investigations” on the MASLD 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 MASLD 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	
YYYY/MM/DD	
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: _____ YYYY/MM/DD	<input type="radio"/> Follow-up Baseline Investigations (q 2-3 years) Date of Last Tests: _____ YYYY/MM/DD

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	
<ul style="list-style-type: none"> ▪ ALT ▪ ALB ▪ HGBA1C 	<ul style="list-style-type: none"> ▪ AST ▪ TBIL 	<ul style="list-style-type: none"> ▪ ALP ▪ LIPID 	<ul style="list-style-type: none"> ▪ CBC ▪ PT