



HCN:	
Province/Territory:	Expiry:
Name:	
Date of Birth:	Sex: M F UN
Mailing Address:	
City:	
Province/Territory:	Postal Code:
Telephone: (indicate preferred)	Home:

Outpatient Specimen Collection         Requisition       Province/Territory: Postal Code:		I V1820 0177 07 2018	Citv:				
Telephone: (Indicate preferred)   Home:   Cell:   Work:	Outpatient Specimen Collection Requisition		City: Postal Code:				
Cell:   Work:							
Ordering Provider's Name:  Clinic's Name:  Mailing Address:  City:  Province/Territory: Postal Code:  Telephone: Signature:  Date:  Date:  COPY TO PROVIDER:  Frequency of Testing (for repeat testing): PTI (Includes automated differential) PTI (Includes automat							
Clinic's Name:  Mailing Address:  City:  Province/Territory: Postal Code:  Telephone: Fax:  Signature: Date:  Date:  COPY TO PROVIDER:  Frequency of Testing (for repeat testing):  THERAPEUTIC DRUG MONITORING  Drug #1 Date and Time of Last Dose: PYTYMONION  Date and Time of Next Dose: PYTYMONION  DATE  DATE  DATE  DATE  DATE  DATE  DATE  POSITION  DATE  DATE  DATE  DATE  DATE  DATE  DATE  POSITION  DATE	Ordering Provide	ar's Nama					
Mailing Address:  City:			-	,			
City:			-				
Province/Territory: Postal Code:   Cordering Provider's Meditech Mnemonic:   EMR Clinic Mne			-				
Province/Territory: Postal Code:   Cordering Provider's Meditech Mnemonic:   EMR Clinic Mne	City:		_				
Signature:   Date:   WWMONDD   COPY TO PROVIDER:	Province/Territor	ry: Postal Code:	Ordering Provider's Meditech Mnemonic:				
Signature:   Date:   WWMONDD   COPY TO PROVIDER:	Telephone:	Fax:	EMR Clinic Mnemonic:	EMR Clinic Mnemonic:			
DIAGNOSIS/RELEVANT HISTORY:							
HEMATOLOGY  □ CBC  □ CIncludes automated differential) □ PTI		LEVANT HISTORY:	Frequency of Testing (for repeat	t testing):			
Date and Time of Last Dose: \( \frac{\text{VYVMON/DD}{\text{MON/DD}} \) \\ \frac{\text{HHMM}}{\text{HHMM}} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			THERAPEUTIC DRUG MONITO	DRING			
Date and Time of Next Dose:   NYYMON/DD   HHMM    Driver   New Market   New Market   New Market							
□ CBC (Includes automated differential) INR Anticoagulant:  IMMUNOHEMATOLOGY □ BLTYABS Type and Screen  CHEMISTRY □ GLUFA Glucose (fast 8 hours) □ GTT2H 75 gm OGTT (fast 8 hours) □ GTT6 T5 gm OGTT (fast 8 hours) □ GTT7 T5 gm OGTT (fast 8 hours) □ GTT8 T5 gm OGTT (fast 8 hours) □ GTT9 T5 gm OGTT (fast 8 hours) □ GTT9 T5 gm OGTT (fast 8 hours) □ GTT0 T5 gm OGTT (fast 8 hours) □ GINALCRPU Albumin/Creatinine Ratio (Microalbumin) □ Creatine (with eGFR) □ DININAP Urinallysis (reflex microscopic when applicable) □ MLCROB Urine Culture □ Symptomatic □ Pregnant □ URINE TESTING □ VIRINAP Urinallysis (reflex microscopic when applicable) □ VIRINAP Urinallysis (reflex microscopi			Date and Time of Last Dose:	YYYY/MON/DD HH:MM			
PTI   INR Anticoagulant:   Date and Time of Last Dose:   YYY/MON/DD   HHMM   HIMM   HHMM   HHMM   HHMM   HHMM   HHMM   HHMM   HHMM   HHMM   HIMM   HHMM   HHMMM   HHMMMM   HHMMMM   HHMMMM   HHMMMM   HHMMMMM   HHMMMMMMMM		4	Date and Time of Next Dose:	YYYY/MON/DD HH:MM			
MMUNOHEMATOLOGY							
□ BLTYABS   Type and Screen   CHEMISTRY   □ GLUCO   Glucose (fast 8 hours)   □ GLUCO   Glucose - Random (non-fasting)   □ GTT2H   75 gm OGTT (fast 8 hours)   □ G1HP50GGO   □ GTT2H   75 gm OGTT (fast 8 hours)   □ G1HP50GGO   □ GTT2H   75 gm OGTT (fast 8 hours)   □ URINCU   Urine Culture   □ Symptomatic   □ Pregnant (Urine culture scollected from indwelling catheters will be rejected)   □ URINCU   Urine Culture   □ Symptomatic   □ Pregnant (Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine Culture   □ Symptomatic   □ Pregnant (Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine Culture   □ Symptomatic   □ Pregnant (Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine Culture   □ Symptomatic   □ Pregnant (Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine (Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine (Urine cultures collected from indwelling catheters will be rejected)   □ URINCU   Urine (Urine (Uri			Date and Time of Last Dose:	YYYY/MON/DD HH:MM			
CHEMISTRY  □ GLUFA Glucose (fast 8 hours) □ GTPA Typer (fast 8 hours for PRE-NATAL use) □ GTPA Typer (fast 8 hours for PRE-NATAL use) □ HBA1CTHB Hemoglobin A1C □ EGFR Creatinine (with eGFR) □ SODIU Sodium □ POTAS Potassium □ BILTO Bilirubin, Total □ LIPID BILTO BIIrubin, Total □ LIPIDP Total Protein □ ALBUM Albumin □ CREKI Creatine Kinase □ HEPFUP ALP, ALT (Reflex AST and Total Bilirubin) □ LIPIDP TChol, HDL, TG, Calculated LDL, non-HDLC □ TSH Thyroid Stimulating Hormone (Reflex fT4) □ CRPHS C-Reactive Protein □ FERRI Ferritin □ PSA Prostate Specific Antigen (PSA) □ PROST Total Protein □ FERRI Ferritin □ PSA Prostate Specific Antigen (PSA) □ RINE TESTING □ URINCU Urine Viriallysis (reflex microscopic when applicable) □ HCGU Pregnancy Test □ MALCRPU Albumin/Creatinine Ratio (Microalbumin) □ URINCU Urine Culture □ Symptomatic □ Pregnant (Urine) □ PROST Antibiotics: □ PRENATAL SCREENING □ BLTYABS Type and Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen) □ PNS Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis			Date and Time of Next Dose:	YYYY/MON/DD HH:MM			
□ GLUFA       Glucose (fast 8 hours)       □ URINAP       Urinalysis (reflex microscopic when applicable)         □ GLUCO       Glucose – Random (non-fasting)       75 gm OGTT (fast 8 hours)       □ Pregnancy Test         □ G1HP50GGO       50 gm Glucose (non-Fasting)       □ URINCU       Urine Culture       □ Symptomatic       □ Pregnant         □ HBA1CTHB       Hemoglobin A1C       Creatinine (with eGFR)       Actionicities       □ POTAS       Potassium       □ BLTYABS       Type and Screen       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)       □		Type and coreen	URINE TESTING				
☐ G1HP50GGO       50 gm Glucose (non-Fasting)         ☐ GTTG       75 gmOGTT (fast 8 hours for PRE-NATAL use)         ☐ HBA1CTHB       Hemoglobin A1C         ☐ EGFR       Creatinine (with eGFR)         ☐ SODIU       Sodium         ☐ POTAS       Potassium         ☐ BILTO       Bilirubin, Total         ☐ ALT       Alanine Aminotransferase         ☐ CALCI       Calcium (with Albumin)         ☐ URATE       Uric Acid         ☐ PROTE       Total Protein         ☐ ALBUM       Albumin         ☐ CREKI       Creatine Kinase         ☐ HEPDX       Hepatitis Diagnosis/Screening Panel (B and C)         ☐ HEPDX       Hepatitis Diagnosis/Screening Panel (B and C)         ☐ HEPDX       Hepatitis B Immunity         ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY)     ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY)		Glucose (fast 8 hours)	URINAP Urinalysis (refle	ex microscopic when applicable)			
□ G1HP50GGO       50 gm Glucose (non-Fasting)         □ GTTG       75 gmOGTT (fast 8 hours for PRE-NATAL use)         □ HBA1CTHB       Hemoglobin A1C         □ GFR       Creatinine (with eGFR)         □ SODIU       Sodium         □ POTAS       Potassium         □ BILTO       Bilirubin, Total         □ ALT       Alanine Aminotransferase         □ CALCI       Calcium (with Albumin)         □ URATE       Uric Acid         □ PROTE       Total Protein         □ ALBUM       Albumin         □ CREKI       Creatine Kinase         □ HEPDX       Hepatitis Diagnosis/Screening Panel (B and C)         □ HEPDX       Hepatitis Diagnosis/Screening Panel (B and C)         □ HEPDX       Hepatitis B Immunity         □ HAVABM       Acute Hepatitis B Immunity         □ HAVABM       Hepatitis B Immunity         □ CREKI       Ferritin <td></td> <td></td> <td>☐ MAI CRPU Albumin/Creati</td> <td>inine Ratio (Microalbumin)</td>			☐ MAI CRPU Albumin/Creati	inine Ratio (Microalbumin)			
☐ GTHP50GGO       50 gm Glucose (non-Fasting)       75 gmOGTT (fast 8 hours for PRE-NATAL use)       (Urine cultures collected from indwelling catheters will be rejected)         ☐ GTTG       75 gmOGTT (fast 8 hours for PRE-NATAL use)       Antibiotics:       Antibiotics:         ☐ BLTO       Bodium       BLTYABS       Type and Screen         ☐ POTAS       Potassium       BLTYABS       Type and Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         ☐ BLTYABS       Type and Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         ☐ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         ☐ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         ☐ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         ☐ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         ☐ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         ☐ PNS       PHIVS         ☐ HIVS       HIV Screen         ☐ CTNGDPU       CT/NG Testing (Swab)         ☐ CTNGDPU       CT/NG Testing (Urine)         ☐ HEPDX       Hepatitis Diagnosis/Screening Panel (B and C)         ☐ HEPDX       Hepatitis Diagnosis/Screening Panel (B and C)         ☐ TNGDPU       Thyroid Stimulating Hormone (Reflex fT4)			☐ URINCU Urine Culture	Symptomatic Pregnant			
□ HBA1CTHB       Hemoglobin A1C         □ EGFR       Creatinine (with eGFR)         □ SODIU       Sodium         □ POTAS       Potassium         □ BILTO       Bilirubin, Total         □ ALT       Alanine Aminotransferase         □ CALCI       Calcium (with Albumin)         □ URATE       Uric Acid         □ PROTE       Total Protein         □ ALBUM       Albumin         □ CREKI       Creatine Kinase         □ HEPFUP       ALP, ALT (Reflex AST and Total Bilirubin)         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC         □ TSH       Thyroid Stimulating Hormone (Reflex fT4)         □ CRPHS       C-Reactive Protein         □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)							
□ EGFR       Creatinine (with eGFR)       Sodium       □ BLTYABS       Type and Screen         □ POTAS       Potassium       □ PNS       Prenatal Screen (Includes CBC, HIV, Rubella, HBSAG, Syphilis Screen)         □ BILTO       Bilirubin, Total       MICROBIOLOGY         □ ALT       Alanine Aminotransferase       □ HIVS       HIV Screen         □ CALCI       Calcium (with Albumin)       □ TPALAB       Syphilis Screen         □ URATE       Uric Acid       □ CTNGDP       CT/NG Testing (Swab)         □ CTNGDPU       CT/NG Testing (Urine)       □ HEPDX       Hepatitis Diagnosis/Screening Panel (B and C)         □ CREKI       Creatine Kinase       □ HAVABM       Acute Hepatitis A Testing       □ HBSAB       Hepatitis B Immunity         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC       □ TSH       Thyroid Stimulating Hormone (Reflex fT4)       □ ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY)         □ CRPHS       C-Reactive Protein       □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)			Antibiotics:				
□ SODIU       Sodium         □ POTAS       Potassium         □ BILTO       Bilirubin, Total         □ ALT       Alanine Aminotransferase         □ CALCI       Calcium (with Albumin)         □ URATE       Uric Acid         □ PROTE       Total Protein         □ ALBUM       Albumin         □ CREKI       Creatine Kinase         □ HEPFUP       ALP, ALT (Reflex AST and Total Bilirubin)         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC         □ TSH       Thyroid Stimulating Hormone (Reflex fT4)         □ CRPHS       C-Reactive Protein         □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)							
□ POTAS       Potassium         □ BILTO       Bilirubin, Total         □ ALT       Alanine Aminotransferase         □ CALCI       Calcium (with Albumin)         □ URATE       Uric Acid         □ PROTE       Total Protein         □ ALBUM       Albumin         □ CREKI       Creatine Kinase         □ HEPFUP       ALP, ALT (Reflex AST and Total Bilirubin)         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC         □ TSH       Thyroid Stimulating Hormone (Reflex fT4)         □ CRPHS       C-Reactive Protein         □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)							
□ ALT       Alanine Aminotransferase         □ CALCI       Calcium (with Albumin)         □ URATE       Uric Acid         □ PROTE       Total Protein         □ ALBUM       Albumin         □ CREKI       Creatine Kinase         □ HEPFUP       ALP, ALT (Reflex AST and Total Bilirubin)         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC         □ TSH       Thyroid Stimulating Hormone (Reflex fT4)         □ CRPHS       C-Reactive Protein         □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)				udes CBC, HIV, Rubella, HBSAG, Syphilis Screen)			
CALCI Calcium (with Albumin)  URATE Uric Acid  PROTE Total Protein  ALBUM Albumin  CREKI Creatine Kinase  HEPFUP ALP, ALT (Reflex AST and Total Bilirubin)  LIPIDP TChol, HDL, TG, Calculated LDL, non-HDLC  TSH Thyroid Stimulating Hormone (Reflex fT4)  CRPHS C-Reactive Protein  FERRI Ferritin  PSA Prostate Specific Antigen (PSA)  TPALAB Syphilis Screen  CTNGDPU CT/NG Testing (Swab)  CTNGDPU CT/NG Testing (Urine)  HEPDX Hepatitis Diagnosis/Screening Panel (B and C)  HEPDX Hepatitis A Testing  HBSAB Hepatitis B Immunity  ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY)			_				
□ PROTE       Total Protein         □ ALBUM       Albumin         □ CREKI       Creatine Kinase         □ HEPFUP       ALP, ALT (Reflex AST and Total Bilirubin)         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC         □ TSH       Thyroid Stimulating Hormone (Reflex fT4)         □ CRPHS       C-Reactive Protein         □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)    CTNGDPU CT/NG Testing (Urine)     HEPDX Hepatitis Diagnosis/Screening Panel (B and C)     HBSAB Hepatitis B Immunity          ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY)			TDALAR Symbilia Saraar	•			
□ PROTE       Total Protein         □ ALBUM       Albumin         □ CREKI       Creatine Kinase         □ HEPFUP       ALP, ALT (Reflex AST and Total Bilirubin)         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC         □ TSH       Thyroid Stimulating Hormone (Reflex fT4)         □ CRPHS       C-Reactive Protein         □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)    CTNGDPU CT/NG Testing (Urine)     HEPDX Hepatitis Diagnosis/Screening Panel (B and C)     HBSAB Hepatitis B Immunity          ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY)			CTNGDP CT/NG Testing	(Swah)			
□ ALBUM Albumin □ CREKI Creatine Kinase □ HEPFUP ALP, ALT (Reflex AST and Total Bilirubin) □ LIPIDP TChol, HDL, TG, Calculated LDL, non-HDLC □ TSH Thyroid Stimulating Hormone (Reflex fT4) □ CRPHS C-Reactive Protein □ FERRI Ferritin □ PSA Prostate Specific Antigen (PSA) □ HEPDX Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis A Testing □ HBSAB Hepatitis B Immunity ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY) □ HEPDX Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis A Testing □ HBSAB Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis A Testing □ HBSAB Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis A Testing □ HBSAB Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis A Testing □ HBSAB Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis A Testing □ HBSAB Hepatitis Diagnosis/Screening Panel (B and C) □ HAVABM Acute Hepatitis A Testing □ HBSAB Hepatitis Diagnosis/Screening Panel (B and C)			CTNGDPU CT/NG Testing	(Urine)			
□ CREKI       Creatine Kinase         □ HEPFUP       ALP, ALT (Reflex AST and Total Bilirubin)         □ LIPIDP       TChol, HDL, TG, Calculated LDL, non-HDLC         □ TSH       Thyroid Stimulating Hormone (Reflex fT4)         □ CRPHS       C-Reactive Protein         □ FERRI       Ferritin         □ PSA       Prostate Specific Antigen (PSA)							
<ul> <li>□ HEPFUP ALP, ALT (Reflex AST and Total Bilirubin)</li> <li>□ LIPIDP TChol, HDL, TG, Calculated LDL, non-HDLC</li> <li>□ TSH Thyroid Stimulating Hormone (Reflex fT4)</li> <li>□ CRPHS C-Reactive Protein</li> <li>□ FERRI Ferritin</li> <li>□ PSA Prostate Specific Antigen (PSA)</li> </ul> □ HBSAB Hepatitis B Immunity ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY) □ HBSAB Hepatitis B Immunity ADDITIONAL REQUESTS (MUST BE PRINTED LEGIBLY) □ PSA			☐ HAVABM Acute Hepatitis				
☐ TSH Thyroid Stimulating Hormone (Reflex fT4)   ☐ CRPHS C-Reactive Protein   ☐ FERRI Ferritin   ☐ PSA Prostate Specific Antigen (PSA)	_		•				
□ CRPHS C-Reactive Protein   □ FERRI Ferritin   □ PSA Prostate Specific Antigen (PSA)			ADDITIONAL REQUESTS (MU	ST BE PRINTED LEGIBLY)			
<ul><li>☐ FERRI Ferritin</li><li>☐ PSA Prostate Specific Antigen (PSA)</li></ul>							
□ PSA Prostate Specific Antigen (PSA)	_						
	□ PSA	Prostate Specific Antigen (PSA)					

☐ FERRI ☐ PSA	Ferritin Prostate Specific	Antigen (PSA)					
If fasting is required - do not eat anything (except medications and/or water) for the time period indicated.  If you need additional information about preparing for your lab test, contact your local Laboratory Medicine Services.  Note: Some tests require an accompanying completed Special Authorization form before the test can proceed.							
Date and Tim Collector's Note	e of collection: _ es:	YYYY/MON/DD	HH:MM		Collector's Signature:		
						F	R0001MAY24