



Children's & Women's Health Centre of British Columbia  
PATHOLOGY & LABORATORY MEDICINE

## STUDY REQUISITION BLOOD

HOSPITAL #	SEX	BIRTHDATE		
		DAY	MO	YR
LAST NAME		FIRST NAME		INITIAL
ADDRESS				
ADDRESSOGRAPH				
PHN #			TELEPHONE	
STUDY SUBJECT ID:				

### R611 – PMD CHM Triploidy

#### SUNQUEST 6.4 LOG IN -

- Patient ID: **R611-**
- Enter Patient demographics including PHN
- Financial Class field: Type **NC**
- Site Code: CWH
- Order Codes- **RES5**

#### COLLECTION - Collection KIT not provided; use C&W in house supply

**1 x 0.5 ml microtainer EDTA**

and

**4 X 4 ml EDTA tube (purple top)**

***Label all tubes with MISYS labels.***

***Record Date and time of collection.***

*Note any problems with sample collection on this requisition*

#### DISPATCH –

Please call the Robinson lab at local **3015** for immediate sample pick-up.

Document:

Date / Time called: \_\_\_\_\_ Called by: \_\_\_\_\_

**Forward a copy of this requisition to the inbox of Laboratory Research Coordinator Rm 2J28.**

**Collection Date:**

**Time:**

**Initials / ID#:**