



**C A R D I O - P L U S R E Q U I S I T I O N**

CDL Id: \_\_\_\_\_ For laboratory use only Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Physician's name: \_\_\_\_\_  
 Clinic (if applicable) \_\_\_\_\_  
 Patient's name: \_\_\_\_\_  
 Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Medicare #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: (\_\_\_\_) \_\_\_\_\_

**Language of report**  
 English  
 French

**ANALYSES**

- Complete Plus Profile** (CPP)  
 [ 18 biochemistry components, Complete blood count,  
 Urinalysis, Cardio-Plus profile ]  
*Patient should be fasting for 12 hours*
- Cardio Plus Profile** (CARD)  
 [ Personalized report, LDL & HDL Cholesterol, Triglycerides,  
 Glucose ]  
*Patient should be fasting for 12 hours*

**OTHER SERVICES AVAILABLE**

- 24 hour Ambulatory Blood Pressure Monitoring<sup>1</sup>
- Holter Monitoring<sup>1</sup>
- Echocardiogram<sup>1,2</sup>
- Electrocardiogram
- Carotid Intima Media Thickness<sup>1</sup>

**OPTIONAL ANALYSES**

- Apolipoprotein A1 (APOA)
- Apolipoprotein B (APOB)
- Chylomicrons (CHYL)
- Homocystein (HCYS)
- High Sensitivity C-reactive Protein (CRPHS)
- Troponin T (TROPHS)
- CK (CK)
- CK-MB (CKMB)

1) Service only available by appointment at CDL Cardiology 514.731.4912  
 2) CDL Clinix requisition required.

**C l i n i c a l i n f o r m a t i o n s ( M A N D A T O R Y )**

1. Is patient a smoker ?  Yes  No (date stopped : \_\_\_\_\_)

2. Is patient diabetic ?  Yes  No

3. Does the patient have a history of heart disease?  Yes  No

4. Does the patient have 1<sup>st</sup> degree relatives with cardiac history?  
 (1<sup>st</sup> degree relative = Mother, Father, Child, Sibling)  Yes  No

5. What is the patient's height? \_\_\_\_\_  meters  feet

6. What is the patient's weight? \_\_\_\_\_  kilograms  pounds

7. What is the patient's waist size? \_\_\_\_\_  centimeters  inches

8. What is the patient's blood pressure? \_\_\_\_\_ / \_\_\_\_\_ mmHg

9. Is the patient taking any antihypertensive medicine?  No If yes, name the medication: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\* A personalized report will be generated only if all questions are answered \*\*\*  
 \*\*\* A report of results will be sent 24 hours following the receipt of this form \*\*\*