



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 Monitoring¹
- Holter Monitoring¹
- Echocardiogram^{1,2}
- Electrocardiogram

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 1st degree relatives with cardiac history?
 (1st 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 ***