

Patient information	Last name:		Information on the requestor (s)	First and last name of the doctor, license number, address, telephone, and fax.
	First name:			
	Medicare # :			
	Sex ☐ M ☐ F	Dossier #:		
	Date of birth : (YYYY/MM/DD)			
	Tel. (home):			
	Tel. (cell):			
Address (city, province, postal code)			Signature of doctor:	
			Licence #	Date:
			Copy to Dr.:	
			Fax / email:	
			Other cc:	
			Fax / email:	
Specimen Collection		Date: (YYYY/MM/DD)	Time: (HH:MM)	Collected by:
PROFILES				
☐ COMPLETE PROFILE (CHP4) ★ Glucose, creatinine, urea, calcium, total protein, albumin, AST, ALT, GGT, alkaline phosphatase, uric acid, inorganic PO4, total bilirubin, cholesterol, triglycerides, HDL & LDL cholesterol, electrolytes, urine analysis, CBC.		☐ CARDIOVASCULAR PROFILE (CVRK) ★★ Cholesterol, triglycerides, HDL & LDL cholesterol.		☐ THYROID PROFILE (THY1) TSH, free T4.
☐ BIOCHEMISTRY PROFILE #4 (CHL4) ★ Glucose, creatinine, urea, calcium, total protein, uric acid, alkaline phosphatase, albumin, AST, ALT, GGT, total bilirubin, inorganic PO4, cholesterol, triglycerides, HDL & LDL cholesterol, electrolytes.		☐ LIVER PROFILE (LIV1) AST, ALT, GGT, total bilirubin, alkaline phosphatase.		☐ PROFILE S.T.B.B.I. (STDMH) Chlamydia + gonorrhea by PCR, syphilis, HIV●.
☐ BIOCHEMISTRY PROFILE #2 + ELECTROLYTES (CHM5) Glucose, creatinine, urea, calcium, total protein, GGT, albumin, AST, ALT, alkaline phosphatase, total bilirubin, electrolytes, uric acid, phosphate.		☐ FERTILITY PROFILE #1 (FERT) FSH, LH.		☐ CHLAMYDIA AND GONORRHEA PROFILE BY PCR Number of specimen(s): ☐ 1 (CGPCR1) ☐ 2 (CGPCR2) ☐ 3 (CGPCR3) ☐ 4(CGPCR4)
☐ BIOCHEMISTRY PROFILE #1 (BIO1) Uric acid, urea, ALT, creatinine, electrolytes, glucose.		☐ MENOPAUSE PROFILE (MEN1) FSH, LH, estradiol.		SOS : _____
		☐ ANEMIA PROFILE #1 (ANE1) CBC, reticulocytes, total iron, UIBC, TIBC, saturation %.		☐ Options S.T.B.B.I.: Chlamydia : ☐ PCR (CMPC) ☐ Urine (CMPCU) Gonorrhea : ☐ PCR (GONO) ☐ Urine (GONOU) Tricho., PCR ☐ Vaginalis (TRIPCR) ☐ Urine (UTRIPCR) ☐ Hep. C ● (HEPC) ☐ HSV 1 & 2 DNA, PCR (HSVPCR)
☐ Option : ☐ Vitamin B12 & folic acid (FA12)				
BIOCHEMISTRY				
☐ Albumin (ALB) GLUCOSE ____g ☐ Alkaline phosphatase (ALKP) Glucose ☐ AC ★(ACGL) ☐ PC (PCGL) ☐ ALT (ALT) Glucose ★ AC & PC ____g ☐ Amylase (AMYL) ☐ 1h (ACPC1H) ☐ 2h (ACPC2H) ☐ APOB (APOB) ☐ Glucose, random (GLU) ☐ AST (AST) ☐ Glucose tolerance test 2h ★ (2HGTT) ____g ☐ Bicarbonate and total CO ₂ (CO2P) ☐ Glucose tolerance test 3h ★ (3HGTT) ____g ☐ Bilirubin, direct (DBIL) ☐ HbA1c (GLHBP) ☐ Bilirubin, total (TBIL) ☐ Homocystein (HCYS) ☐ Calcium (CA) ☐ H. Pylori Serum (HELI) ☐ Cholesterol, total (CHOL) ★★ ☐ H. Pylori Breath (HPBT) ● ☐ Cholesterol, HDL (HDL) ★★ ☐ Lactate deshydrogenase (LD) ☐ CK (CK) ☐ Magnesium (MG) ☐ Creatinine, incl. EGFR (CREA) ☐ PO4 inorganic (PO4) ☐ CRP, include H/S (CRPHS) ☐ Protein electrophoresis (SPEP) ☐ Electrolytes NA, K, Cl (ELEC) ☐ Quant. IFOB (QIFOB) ☐ GGT (GGT) ☐ Urea (UREA) ☐ Uric acid (URIC)				
ENDOCRINOLOGY				
☐ Anti-thyroid antibodies (THAB) ☐ LH (LH) ☐ β-HCG, Quantitative (BHCG) ☐ Progesterone (PROG) ☐ β-HCG, Qualitative (PREG) ☐ Prolactin (PRLA) ☐ Ca-125 (C125) ☐ PTH (PTH) Cortisol, serum (SCORT) ☐ PSA (PSA) ☐ AM ☐ PM ☐ PSA free and total (FPSA) ☐ DHEA-S (DH-S) Testosterone ☐ Total (TEST) ☐ Estradiol (ESTR) ☐ Bioavailable (TESBC) ☐ Free (TESFC) ☐ Ferritin (FERR) ☐ TSH (TSH) ☐ Folic acid (FOLC) ☐ Vitamin B12 (VB12) ☐ Free T3 (FT3) ☐ Vitamin D-25 OH (25D) ☐ Free T4 (FT4) ☐ Vitamin B12 & folic acid (FA12) ☐ FSH (FSH)				
Number of sample(s) :				
LEGEND ♦ Use the appropriate requisition. ♦♦ Offered at our head office without an appointment ◇ Offered at our head office with an appointment. ★ Fasting 8-12h, no alcohol, water allowed. ★★ Fasting may be required, consult your physician ● Please sign the consent form.				

Other CDL Requisitions Availables

Pathology (RR-10-RQ-001) Biopsy (RR-60-RQ-001) COVID (RR-80-RQ-001)	Prenatal (RR-15-RQ-001) Clinical Services (RR-25-RQ-001) - Hydrogen methane breath tests - Cardiology (Holter monitor, monitor rental, echocardiogram, stress-echocardiogram) - Ultrasounds (1st trimester, endovaginal, pelvic)	Vaccines (RR-25-RQ-300) Allergy (RR-30-RQ-001)
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Acquisition Centers

Head office 5990 Côte-des-Neiges - Tel. : 514 344-8022 - Mon. to Fri. : 7am to 6pm - Sun. : 10am to 2pm - E-mail : service@cdllabs.com West Island 12774 Gouin Ouest, suite 115 - Tel. : 514 684-8460 ext :211 - E-mail : service.pierrefonds@cdllabs.com	Montreal Downtown 666 Sherbrooke Ouest, suite #1900 - Tel. : 514 982-9696 - E-mail : service.centre-ville@cdllabs.com Décarie 6900 Boul. Décarie, Suite M-196 - Tel: 514 341-1777 - E-mail : service.decariesquare@cdllabs.com	CDL Laval 4415 Boul. Notre-Dame, Suite 209 - Tel. : 514 344-8631 - E-mail : service.laval@cdllabs.com CDL Kildare 7005 Kildare, Suite 8 - Tel. : 514 489-5785 - E-mail : service.kildare@cdllabs.com CDL Metro Medic 1538 Sherbrooke Ouest, Suite 101 - Tel : 514 733-8844 - E-mail : service.metromedic@cdllabs.com
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