سدرة للطب
Sidra Medicine

SIDRA MEDICINE
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Laboratory Requisition Form

Attach Patient Identification or Complete All Mandatory Fields

Last Name ____________________

First Name ____________________

Date of Birth DD / MM / YYYY Gender ☐M ☐F

Qatar ID | | | | | | | | | | | |

Sidra MRN (or FIN*) | | | | | | | | | |

*Required during EMR downtime

HMC HC* | | | | | | | | |

*Required for genetics and tests not listed below

Collection Date / Time DD / MM / YYYY / hh:mm AM/PM

Specimen / Body Site ____________________

Collector's Name ____________________

Sidra Network Username ____________________

Sidra Employee Number ____________________

☐ Routine ☐ Urgent ☐ STAT

Location Building / Level

Tower / Ward / Clinic

Phone ____________________

PTS* ____________________

*Pneumatic Tube Station number

Clinical History:

List of current medications (if any) __________________

Clinical Biochemistry

Electrolyte and Renal Profile

☐ Na, K, Cl, Bicarb, Urea, Creatinine

Liver Profile

☐ T Bili, T Protein, Albumin, Alk Phos, ALT, AST, GGT

Bone Profile

☐ T Calcium, Albumin, Phosphate, Alk Phos

Basic Metabolic Profile (BMP)

☐ Na, K, Cl, Bicarb, Urea, Creatinine, Calcium, Albumin, Glu

Comprehensive Metabolic Profile (CMP)

☐ BMP and T Protein, T Bili, Alk Phos, ALT, AST

Diabetes ☐ Fasting ☐ Pregnant

☐ HbA1c ☐ Glucose ☐ GTT

Thyroid Profile ☐ TSH, FT_4 Taking T_4? ☐Yes ☐No

Reproduction

☐ LH ☐ FSH ☐ Estradiol ☐ Progesterone

☐ Testosterone ☐ SHBG ☐ Prolactin ☐ Serum HCG

Tumor Markers

☐ PSA ☐ CA 125

Other Chemistry

☐ CRP ☐ Magnesium ☐ Vitamin D

Therapeutic Drug Monitoring

☐Phenytoin ☐Carbamazepine ☐Valproate ☐Phenobarbital

☐Tacrolimus ☐Cyclosporine ☐Gentamicin ☐Vancomycin

Urine ☐ Random ☐ 24-hour

☐ Urinalysis ☐ Protein:Creatinine ☐ Albumin:Creatinine

Other Tests / Information

Hematology and Transfusion

Routine Hematology

☐ CBC & Differential ☐ Reticulocytes

☐ Hematopathologist smear review

Hemoglobin Investigation

☐ Sickle cell / Thalassemia investigation

Anemia Studies

☐ Ferritin ☐ Vitamin B_{12} ☐ G6PD

☐ Iron profile ☐ Folate ☐ DAT

Other Hematology

☐ ESR ☐ Malaria ☐ Mono screen

Coagulation

List of anticoagulant(s) ____________________

☐ PT/INR ☐ D dimer ☐ vWD panel

☐ aPTT ☐ Fibrinogen ☐ Factor____________ activity

Transfusion

Pregnant/Transfused (last 3 months) ☐Yes ☐No ☐Unknown

Pre-op Sample? ☐ Yes ☐ No ☐ Blood type (ABO/RhD)

☐ Antibody screen ☐ Cord blood type and DAT

☐ Feto-maternal hemorrhage (Gest. age ________ weeks)

Immunology

☐ ANA ☐ Anti-TTG ☐ Immunoglobulins (A,G,M)

☐ Allergen-specific IgE ☐ Lymphocyte subsets

Genetics

Mandatory: Attach copy of QID to this form

☐ Molecular karyotyping (Microarray)

☐ Next-gen sequencing (Gene panels / Whole exome)*

☐ Sequencing (Mutation / Exon / Single gene)*

☐ Repeat expansion (e.g., Fragile X)*

☐ G-banding / FISH

☐ Non-invasive prenatal testing (NIPT)

*Specify disorder and/or gene(s) ____________________

____

Microbiology

Routine Culture *Specify body site in collection details

☐ Throat ☐ Sputum ☐ Blood ☐ Urine ☐ CSF

☐ Skin* ☐ Wound* ☐ Genital* ☐ GBS* ☐ TB*

☐ Fungal* ☐ *Brucella* ☐ Other ____________

Screening ☐ MRSA* ☐ VRE* ☐ CPO* ☐ *C. auris**

☐ Rapid Group A Strep

Stool History of Bloody Stool? ☐ Yes ☐ No

☐ Culture ☐ Pinworm ☐ O&P ☐ *H. pylori* ☐ Occult Blood

Serology

Test for immunity or vaccination status? ☐ Yes ☐ No

☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ HIV

☐ Mumps ☐ Measles ☐ Rubella ☐ VZV ☐ EBV ☐ CMV

☐ TORCH Panel ☐ Syphilis ☐ *Brucella* ☐ TB Quantiferon

☐ COVID-19 ☐ Other ____________

Molecular Infectious Diseases (PCR)

For all tests, list sample type and body site in collection details

☐ Flu/RSV ☐ Viral Resp. Panel ☐ Pertussis ☐ CSF Panel

☐ HIV ☐ HBV ☐ HCV ☐ HSV ☐ VZV

☐ MRSA ☐ GBS ☐ CT/NG (STD) ☐ COVID-19

☐ GI Panel ☐ *C. difficile* ☐ Pneumonia Panel ☐ TB

☐ Other ____________

Anatomical Pathology

Frozen section & renal biopsy require 24-hour advanced booking

Theatre no.____________ Phone ____________

☐ **Routine histopathology** ☐ Frozen section

Cytopathology: ☐ Gyne Pap test ☐ Non-Gyne ☐ FNA

For ALL specimens: Specify site and L/R where relevant

1. ____________________

2. ____________________

3. ____________________

For lab use only

Number of specimen(s) received: ____________

EDTA:______ | SST:______ | NaF:______ | Citrate:______

LiHep:______ | Urine:______ | Other:____________

Date: DD/MM/YYYY Time: hh:mm AM/PM

Receiving Tech: ____________________

Physician's Name: ____________________

Date: ____________________

Signature & Stamp: ____________________

Sidra Emp. #____________ Mobile No.____________