PCCA REQUISITION PROTOCOL - FACILITATION GUIDE

Edmonton Southside PCN

Primary Care Network
EDMONTON SOUTHSIDE

PCCA Requisition Protocol

Background

The PCCA Requisition Protocol allows PCCAs to provide routine screening requisitions for patients due for a mammogram, FIT, diabetes screening, and plasma lipid profile. This protocol helps increase screening uptake while ensuring physicians' appointments remain available for those who need them most. It also standardizes the process, maintains role scope, and ensures follow-up for patients with outstanding results.

Eligibility Criteria

PCCAs can only be involved in providing screening requisitions for routine, low-risk patients. After reviewing the EMR, Netcare, and talking to the patient, PCCAs will only offer a screening requisition to a patient if:

a) They have had at least one result in the past *and*
b) The most recent result was normal *and*
c) Patient passes screening questions:
    - For Mammogram: No new or unusual changes to patients' breasts are reported
    - For FIT: No new or unusual changes to patients' bowel habits are reported *and* a colonoscopy has not been completed in the past 10 years

If the patient does not pass screening questions, or has any other health concerns, the PCCA will book an appointment with the physician rather than provide a screening requisition. This ensures the patient's concerns are addressed, and they are provided the most appropriate screening or diagnostic test.

Clinic Process for Delivering Requisition

PCCAs will use a templated screening requisition in the EMR to promote efficiency, ensure accurate selections are made each time, and track any outstanding results, if necessary. The requisition can be provided to the patient in whichever way works best for the clinic:

- Printed and faxed, or sent by eFax, to the lab or center of the patient's choice
    - If the clinic does not have eFax, request that it be enabled or that the PCCA be granted access.
- Sent to the patient's email via an EMR Patient Portal
    - Ensure the PCCA is not emailing the patient from their own account, and that email responses are either disabled or directed to a clinic staff member.
- Printed and available at the front desk for the patient to pick up.
- Printed and mailed to the patient via standard mail.

Optional: Patient educational handouts can be included along with the requisition.

Documentation

After calling a patient, the PCCA will create a worklist/task in the chart called **'PCCA Requisition Protocol'** with the specific screens listed. This task will have the requisition attached with the test auto populated. This allows the clinic staff members to provide requisitions to patients who return a missed PCCA phone call.

Establish a Process for Clinic Staff to respond to missed calls

- When the patient calls back, clinic staff will refer to PCCA's worklist/task in the patient's chart.
- Determine if the physician wants their clinic staff to ask the screening questions for FIT and Mammogram. While the PCN requires PCCAs ask these questions, the physician may direct their staff otherwise. If the front staff does not ask the screening questions, they can still provide the requisition(s) as the lab will ask these questions, as well.
- Determine if the clinic staff will follow the same option as the PCCA to deliver the requisition to the patient: fax/eFax, emailed through Patient Portal, printed for pick-up, or mailed.
- Clinic staff should complete the worklist/task.

Receiving Test Results

As the requisition is in the physician's name, all test results will be delivered to the physician in the EMR.

Establish a Follow-up Process

Each rotation, the PCCA will call patients due for preventative health screening and offer appointments or screening requisitions. If a patient was previously provided a requisition and has not completed their screen, the PCCA will remind them to complete the test and can offer to send another requisition, particularly if the requisition was faxed to a lab or imaging centre.

Alberta Precision Labs (APL) – Process requisitions for FIT, Diabetes Screening or Plasma Lipids Profile. As of 2024, APL communicated that faxed requisitions are held for 2 months at the Edmonton Patient Service Centres.

Insight, MIC, and Canadian Diagnostics Imaging Centre – Process requisitions for mammogram. As of 2024, these centres informed ESPCN that they attempt to call patients at least once, and requisitions stay with their centres for 6-12 months.

Physician to Sign Directive

Physicians must indicate for which preventative screening tests they consent the PCCA providing requisitions. They may also indicate any limitations.

MAMMOGRAM REQUISITION EXAMPLES (INSIGHT, MIC AND CDC):

Insight MEDICAL IMAGING
www.x-ray.ca

General Requisition

Scan for a list of locations

Central Booking	Toll Free	Fax	Toll Free Fax	Online
780-669-2222	1-866-771-9446	780-930-1593	1-855-930-1593	x-ray.ca/book-an-appointment

To cancel or rebook your appointment, please call Central Booking: Mon-Fri: 8AM-7PM, Sat: 9AM-4PM, Sun: Closed

Name: **Test, New** PHN: _____

Address: **Edmonton** **AB**

Phone: **(780)** - DOB (mm/dd/yyyy) _____ ◉ Male ○ Non-Binary ○ Female

Insurance: _____ W.C.B. (☐) Other: _____

Appointment Details:
Date: _____
Time: : _____
Location _____

X-Ray • All Sites
☐ X-ray requested:

ECG
☐ ECG

Fluoro
☐ E,S&D
☐ Small Bowel FT

Pain Management
☐ Injection Site _____
☐ Repeat Number of Injections _____
Signature _____

* No appointment needed for general x-ray or ECG

Ultrasound

General
☐ Abdomen
☐ Abdomen + Elastography
☐ Abdomen + Pelvis
☐ Abdomen + E,S&D
☐ Liver Elastography
☐ HCC Screening Program
☐ Renal
☐ Bladder
☐ Pelvis
☐ Abdominal Wall
☐ Other: _____

Small Parts
☐ Neck (lump, salivary glands)
☐ Thyroid
☐ Scrotum
☐ Lump site: _____

MSK - *may include x-ray*

☐ Shoulder + AC Joint	☐ L	☐ R
☐ Elbow	☐ L	☐ R
☐ Wrist	☐ L	☐ R
☐ Fingers	☐ L	☐ R
☐ Hip (adult only)	☐ L	☐ R
☐ Knee	☐ L	☐ R
☐ Ankle	☐ L	☐ R
☐ Foot	☐ L	☐ R
☐ Other: _____	☐ L	☐ R

Vascular
☐ Echocardiogram
☐ Carotid (incl. vertebral & subclavian arteries)
☐ Peripheral Arterial ☐ Arm ☐ Leg
☐ Peripheral Venous (for DVT) ☐ Arm ☐ Leg ☐ L ☐ R
☐ Popliteal Fossa/ Soft Tissue

Obstetrics
☐ Complete Series (early, nt, anatomy)
☐ Nuchal Translucency (11-14 wks)
☐ Routine Pregnancy
☐ BPP (>28 wks)
☐ Twins

Breast
☐ L ☐ R ☐ Bilateral
☐ ABUS
☐ Axilla ☐ L ☐ R

Nuclear Medicine
☐ Bone Scan (15 min-return 2-4 hours later for 30-60 min)
☐ Cardiac Resting Gated Blood Pool Study (90 min)
☐ Gallium Scan (2 separate days)
☐ HIDA (Hepatobiliary) + GBEF (2-4 hours)
☐ MIBI - Myocardial Perfusion Scan (Meadowlark, Millwoods)
☐ Liver RBC Scan for hemangioma (40 min-return in 2 hrs for 1 hour)
☐ Lung V/Q Scan (to rule out PE - 90 min)
☐ Thyroid Scan (45 min)
☐ Parathyroid Scan (30 min-return in 2 hrs for 30 min)
☐ Renal Study: ☐ Standard (1 hour) ☐ Hypertension ☐ Obstruction
☐ Other: _____

Breast Imaging
☐ Screening mammography + ABUS/US
☑ Screening mammography (may include supplementary ultrasound for dense breasts)
☐ Diagnostic mammography (specify): _____
☐ Ultrasound ☐ L ☐ R ☐ Bilateral
☐ ABUS

Please see our dedicated Breast Procedure requisition for further breast workup

Densitometry
☐ Bone Densitometry
☐ Lumbar Spine (x-rays for correlation)
☐ Body Composition

Cardiac Diagnostics
☐ Exercise Stress Test *Please see our dedicated Cardiac requisition for other exams*

MRI & CT
All imaging available including comprehensive Neuro, MSK, Breast and Prostate
Please refer to our dedicated requisition

Relevant History, Physical Findings, and Provisional Diagnosis
For routine screening

Pregnant? ☐ YES ☐ NO LMP: _____ Tech: _____ Time: : _____ Images: _____

Referring Physician's Information
Name: _____ /
Address: **6119- 28 Avenue NW Edmonton, AB T6L6N5**
Phone: **(780) 463-2134**
Fax: **(780) 463-1184** Date: _____
Signature: _____

Physician's Stamp & Practice ID

REV 06/2022

☐ URGENT **FAX REPORT** (until 4 pm, M-F)
☐ Send Images With Patient
☐ Copy To:
Name _____
Phone ( ) -
Fax ( ) -

Primary Care Network
EDMONTON SOUTHSIDE

MEDICAL IMAGING

GENERAL
REQUISITION

Partnered with Synapse Network ConnectMD

Central Booking
Ph 780.450.1500 Toll Free 1.800.355.1755
Fax 780.450.9551
Request an appointment online at mic.ca

CONSUMER CHOICE AWARD 2022 NORTHERN ALBERTA 11 YEAR

Name: **Test, New**
Address: Edmonton AB
Phone Res: (780) - Other: ( ) -
Date of Birth (mm/dd/yyyy): Age: ◉ Male ○ Female
PHN: WCB (○ Y ○ N) Other:

Appointment Details
Date:
Time: :
Clinic Location:

Refer to Preparation Instructions on Reverse

ALL EXAMINATIONS Please bring your Health Care card and another piece of identification with this form.

Locations - *Hours of operation vary by examination* ⊖ *Extended Hours available for X-ray*

Edmonton
Allin Clinic *(X-ray only)*
B1-10155 120 St NW
⊖ Century Park
201-2377 111 St NW

Gateway Clinic
107-6925 Gateway BLVD NW
Hys Medical Centre
202-11010 101 ST NW
Namao 160
209-15961 97 ST NW

⊖ **Tawa Centre**
200-3017 66 ST NW
Terra Losa
9566 170 ST NW

⊖ **Windermere**
201-6103 Currents DR NW
Ft. Saskatchewan
SouthPointe
115-9332 Southfort DR

Sherwood Park
Synergy Wellness Centre
501 Bethel DR
109-Main Clinic
145-Women's Imaging

St. Albert
Grandin X-Ray *(X-ray only)*
1 St. Anne ST
⊖ **Summit Centre**
102-200 Boudreau RD
Sturgeon Medical
Women's Imaging
110-625 St. Albert Trail

Significant Clinical History
for routine screening

Date of L.M.P:
Pregnant: ○ Yes ○ No
Patient's Signature:

Stat Report Instructions
☐ STAT fax report
☐ STAT verbal report to #:
( ) -
☐ Send copy of x-rays with the patient

☐ **X-Ray** *Exams Requested:*

Ultrasound *Preparation required for exams marked with* *

General
☐ Neck (Salivary glands / Lymph nodes)
☐ Thyroid
☐ Complete Abdomen *
☐ add liver elastography (liver fibrosis) *
☐ HCC Screening Program
☐ add liver elastography (liver fibrosis) *
☐ AAA Screen *
☐ Renal/Bladder *
☐ Pelvis (Female/Male) *

Vascular
☐ Carotid
☐ Echocardiogram
Lower Extremity:
☐ Venous Doppler (DVT) ☐ R ☐ L
☐ Ankle Brachial Index (ABI)
☐ Varicose Vein Assessment ☐ R ☐ L
☐ Other:

General
☐ RLQ Compression (Appendix) *
☐ Scrotal
☐ Anal Sphincter (female only)
☐ Soft Tissue Mass:
☐ Other

Obstetric
☐ Complete Obstetrical Series * (early, NT & detailed)
☐ *Early Obstetric (<12 wk)* *
☐ Nuchal Translucency Screening * *(11w3d to 14w0d)*
☐ Detailed Fetal Anatomy (>18 wk)*
☐ add Uterine Artery Doppler
☐ Obstetric (>28 wks Includes BPP) *
☐ Twin Obstetric *
☐ Other:

Musculoskeletal Ultrasound *- May include X-ray.*
(MRI is more appropriate for general joint assessment, non-specific pain, and internal derangement)
Approximate date of Injury if acute:
☐ R ☐ L **Shoulder**
☐ R ☐ L **Elbow:**
☐ Distal Biceps ☐ Triceps
☐ Medial ☐ Lateral
☐ R ☐ L **Wrist:**
☐ Dorsal ☐ Volar
☐ Radial ☐ Ulnar
☐ R ☐ L **Fingers:**
☐ Trigger finger ☐ Ganglion
☐ Capsular Ligaments (digit)
☐ R ☐ L **Hip:**
☐ Anterior ☐ Lateral
☐ Ischial (Hamstrings)
☐ R ☐ L **Knee:**
(MRI required for ACL/PCL, cartilage and meniscl)
☐ R ☐ L **Baker's cyst**
☐ R ☐ L **Ankle:**
☐ Achilles ☐ Medial
☐ Lateral ☐ Anterior
☐ R ☐ L **Foot:**
☐ Plantar Fascia
☐ Morton's Neuroma
☐ R ☐ L **Lump/Mass/ Muscle Injury:**
(location)
☐ R ☐ L **Synovitis:**
(joints)
☐ Other:

Breast Imaging
☐ Screening Mammography and ABUS/ Supplemental Ultrasound if indicated
☑ Screening Mammography
☐ Breast Ultrasound R ____ L ____
☐ Axilla R ____ L ____
☐ Breast Biopsy
☐ Diagnostic Mammography *(Provide History)*

Gastrointestinal Imaging
☐ Esophagus
☐ E, S & D (Esophagus, Stomach & Duodenum)
☐ Small bowel follow through

Whole Body Composition

Bone Densitometry
☐ Bone Densitometry
☐ Thoracic and Lumbar Spine (Correlative x-rays)

Pain Management
Injection site: (eg. hip, facet, etc.)
○ Left ○ Right ○ Both
Blood Thinners? ○ Yes ○ No
Alternately, please refer to our ***Pain Management Requisition***

Exercise Stress test (EST)
(For EST exams, please use **Cardiac Requisition**)

Nuclear Medicine
☐ Bone Scan (15 min., return approx 2-3 hours later for 1 hour)
☐ Gallium Scan (15 min., return 48-72 hours later for 1 hour)
☐ Hepatobiliary Scan (HIDA) (approx 2 hours)
☐ Meckel's Scan (approx. 1 hour)
☐ Renal Imaging ☐ Diuretic ☐ Captopril
☐ NM Arthrogram (for prosthesis loosening) R ____ L ____
Site: (eg: hip, knee)

Please use Cardiac Requisition for these 3 exams:
☐ Myocardial Perfusion Imaging with Ejection Fraction (MPI)
☐ Cardiac Amyloidosis Scan
☐ Thallium Myocardial Viability Imaging

Practitioner's Name:
Practitioner's Address: 6119- 28 Avenue NW Edmonton, AB T6L6N5
Clinic Ph: (780) 463-2134 Clinic Fax: (780) 463-1184
Copy to: Fax Copy: ( ) -

Practitioner's Stamp & Practice ID

Official Diagnostic Imaging Provider for:
Edmonton Oilers Network EDMONTON SOUTHSIDE

canada diagnostic centres

General Imaging

Ph EDM: 780.341.6000
Toll free: 1.877.420.4CDC (4232)
Toll free Fax: 1.877.919.3291
Email: appointments@CanadaDiagnostics.ca
Online Request: CanadaDiagnostics.ca

Patient & Appointment Information

Date of Requisition: **26-Jul-2024**

Name **Test, New**

Address

City **Edmonton** Province **AB** Postal Code

Home Phone **(780)** - Other Phone **(780)** -

DOB ◉ **Male** ○ **Female** Weight ☐ lbs ☐ kg

AHC# WCB#/Accident Date /

Appt. Date Time : CDC Site

Mira	103-11910 111 Ave NW	Edmonton, AB	Phone: 780.452.9711	Fax: 780.452.3451
North Town	134-9450 137 Ave NW	Edmonton, AB	Phone: 780.478.7221	Fax: 780.475.1860
Westgate	172-17010 90 Ave NW	Edmonton, AB	Phone: 780.484.1672	Fax: 780.484.2982
109 Street	7121 109 St NW	Edmonton, AB	Phone: 780.434.9147	Fax: 780.436.7650
Ellerslie	632 91 St SW	Edmonton, AB	Phone: 780.341.6020	Fax: 587.458.5581
Sherwood Park	114 - 80 Chippewa Rd	Sherwood Park, AB	Phone: 780.467.2773	Fax: 780.467.2982

Physician

Referring Physician

Clinic **Main Street Family Clinic**

Phone **(780) 463-2134**

Fax **(780) 463-1184**

Copy to Dr.

Fax Copy to Dr. ( ) -

PRAC ID

Signature

STAT Report Options

- ☐ STAT Fax Report
- ☐ STAT Verbal Report #
- ☐ Send copy of images with the patient

Reports & Images available at CanadaDiagnostics.ca/Practitioners

Clinical History

LMP or EDC

for routine screening

General Ultrasound

- ☐ Routine Abdomen ☐ HCC Screening
- ☐ Liver Elastography ☐ NAFLD r/o fibrosis
- ☐ Abdominal U/S + UGI
- ☐ Abdominal Wall (Pain/Lump/Other)
- ☐ Abdomen + Pelvis
- ☐ Routine Female Pelvis (Gyne + Urinary Tract)
- ☐ Routine Male Pelvis (Includes Kidneys)
- ☐ Kidneys, Ureters, Bladder only
- ☐ Scrotum/Testes (Bilateral)
- ☐ Groin (pain/lump/other) ☐ R ☐ L
- ☐ Thyroid Gland ☐ Thyroid FNA*
- ☐ Neck (Salivary Glands/Lymph Nodes/Mass)
- ☐ Other

* Must meet guideline criteria

MSK Ultrasound

(Includes x-ray of area if needed)

- ☐ Shoulder ☐ R ☐ L
- ☐ Shoulder U/S + Arthrogram ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Mass/Cyst/Other Specify Area

Obstetrical Ultrasound

- ☐ Obstetrical Series (Early, Nuchal and Detailed)
- ☐ Early Obstetric (dating/viability) (<12 weeks)
- ☐ Nuchal Translucency (11w2d to 13w5d)
- ☐ Detailed Anatomy (~18-20 weeks)
- ☐ BPP/Biophysical Profile (28+ weeks)
- ☐ Other Specify Indication

Gastrointestinal (GI) Studies

- ☐ UGI (Esophagus, Stomach, Duodenum)
- ☐ Small Bowel Follow Through

Vascular Ultrasound

- ☐ Leg Arterial Doppler with ABI (Bilateral)
- ☐ Leg Venous Doppler/DVT ☐ R ☐ L
- ☐ Arm Arterial Doppler (Bilateral)
- ☐ Arm Venous Doppler/DVT ☐ R ☐ L
- ☐ Renal Artery Stenosis Study (Hypertension)
- ☐ Echocardiogram
- ☐ Carotid Doppler

Advanced Vascular (Mira ONLY)

- ☐ Leg Arterial Doppler with TBI (Bilateral)
- ☐ Thoracic Outlet Syndrome

Bone Mineral Densitometry

- ☐ Bone Mineral Densitometry

(Vertebral Fracture Assessment done per OSC guidelines)

X-ray (Walk-in)

Available by appointment or walk-in (based on availability)

- ☐ X-ray (Specify Indication)

Pain Management

(Includes X-ray of area if needed)

- ☐ Pain Management Injection ☐ R ☐ L

Specify Injection Area or use Pain Management Req

Breast Imaging

CDC will utilize ABUS when appropriate

- ☑ Screening Mammography (No Symptoms)
- ☐ Screening U/S (If indicated by Breast Density Score)
- ☐ Diagnostic Mammography ☐ R ☐ L (Pain, lump, other proble | Includes U/S as needed)
- ☐ Breast & Axilla U/S ☐ R ☐ L
- ☐ Breast Biopsy ☐ R ☐ L

**There may be a cost to patients for special materials used

Procedure availability & hours of operation vary by CDC location.

GENERAL LABORATORY REQUISITION EXAMPLES (FIT, DIABETES AND LIPIDS):

ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

General Laboratory Requisition

Alberta Precision Laboratories 1-877-868-6848
Appointment Booking • online at www.albertaprecisionlabs.ca or 1-877-702-4486
Locations and Hours of Operation www.albertaprecisionlabs.ca

Scanning Label or Accession # (lab only)

Patient

PHN Expiry: | Date of Birth (dd-Mon-yyyy)

Legal Last Name **Test** | Legal First Name **New** | Middle Name

Alternate Identifier | Preferred Name | (•) Male ( ) Female ( ) Non-binary ( ) Prefer not to disclose | Phone **780- -**

Address | City/Town **Edmonton** | Prov **AB** | Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*	Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Mueller Taylor		
Address **6119- 28 Avenue NW Edmonton, AB T6** / Phone **780-463-2134**	Address	Address
CC Provider ID / CC Submitter ID / Legacy ID	Phone - -	Phone - -
Clinic Name **Main Street Family Clinic**	Clinic Name	Clinic Name

Collection | Date (dd-Mon-yyyy) | Time (24 hr) **xx:xx** | Location | Collector ID

Requisition Date (dd-Mon-yyyy)

Ⓕ Denotes a **Fasting Test.**
ⓘ Refer to Patient instruction Sheet.

Hours Fasting | ☐ Third Party Bill Client

Hematology/Coagulation

☐ CBC and Differential ☐ CBC no Differential
☐ D-dimer ☐ INR ☐ Reticulocyte Count

General Chemistry

☐ Albumin ☐ Alkaline Phosphatase (ALP)
☐ Alanine Aminotransferase (ALT)
☐ Bilirubin, Total ☐ Bilirubin, Total and Conjugated
☐ Calcium ☐ C-Reactive Protein (CRP)
☐ Creatine Kinase (CK) ☐ Creatinine (eGFR)
☐ Sodium ☐ Potassium ☐ Ferritin
☐ Fibrosis-4 Score (FIB-4)
☐ Gamma Glutamyl Transferase (GGT)
☑ Glucose Fasting Ⓕ ⓘ ☐ Glucose Random
☑ Hemoglobin A1c ☐ HCG, Serum (Quantitative)
☐ IgA ☐ IgG ☐ IgM
☐ Lipase ☐ Magnesium ☐ Phosphate
☐ Prostate Specific Antigen (PSA)
☐ Protein Electrophoresis, Serum
☐ Total Protein ☐ Urate

☑ Lipid Panel ☐ Cholesterol, Total
☐ Triglycerides
☐ Cardiovascular Disease Risk Assessment (Framingham Risk Score) includes Lipid Panel

Required History

Systolic Blood Pressure (mmHg) ____

☐ Yes ☐ No Current Tobacco Use
☐ Yes ☐ No Treated for high Blood Pressure
☐ Yes ☐ No Diabetic
☐ Yes ☐ No Chronic Kidney Disease
☐ Yes ☐ No Atherosclerosis
☐ Yes ☐ No First-degree relative with CVD (M <55Y / F <65Y)

Glucose Tolerance Tests

☐ Glucose Gestational Diabetes Screen (GDS)
☐ Glucose Tolerance, Gestational, 2 h Ⓕ ⓘ
☐ Glucose Tolerance, 2 h Ⓕ ⓘ

21302(Rev2024-01)

Endocrine

☐ Cortisol Random ☐ Cortisol AM (0700-1000)
☐ Cortisol PM (1500-1800) ☐ Estradiol
☐ Follicle Stimulating Hormone (FSH) ☐ Luteinizing Hormone (LH)
☐ Parathyroid Hormone (PTH) ☐ Progesterone ☐ Prolactin
☐ Testosterone, Total ☐ Thyroid Stimulating Hormone (TSH)
☐ Progressive Thyroid Stimulating Hormone (TSH)

Immunology/Serology

☐ Epstein Barr Serology Panel ☐ Hepatitis A Virus Acute Serology - IgM
☐ Hepatitis A Virus Immunity Serology - IgG
☐ Hepatitis B Surface Antigen ☐ Hepatitis B Surface Antibody
☐ Hepatitis C Virus Serology
☐ HIV 1 and 2 Serology (Antigen and Antibody)
☐ Mononucleosis Screen ☐ Rheumatoid Factor
☐ Rubella Immunity Serology - IgG ☐ Syphilis screen

Cardiology - Electrocardiogram (ECG)

☐ Electrocardiogram to be read by panel
☐ Electrocardiogram to be read by Other

Transfusion Medicine

See Transfusion Medicine Requisition 21448
Routine Pre-natal Red Cell Screening - use CBS Req

Sterile Body Fluid

☐ Fluid Type ____ Source: ____
Test(s) ____

Urine

☐ Urinalysis ☐ Pregnancy Test (HCG, Qualitative)
☐ Albumin* ☐ Random ☐ 24 h
☐ Creatinine ☐ Random ☐ 24 h
☐ Cortisol ☐ 24 h
☐ Protein Total* ☐ Random ☐ 24 h
☐ Protein Electrophoresis ☐ Random ☐ 24 h
*includes creatinine ratio
☐ Creatinine Clearance 24h Ht ____ cm
Wt ____ kg

24H Urine ⓘ Total Volume ____
Start Date ____ Start Time ____ : ____
End Date ____ End Time ____ : ____

Clincial information

Drug Levels/Monitoring

☐ Ethanol Level, Blood

Therapeutic Drug Monitoring

Dose route ☐ Oral ☐ IV ☐ Other
Dose Regimen ____
How Long on Current Regimen? ____
Date of Last Dose or IV Complete ____
Time of Last Dose or IV Complete ____
Date of Next Dose or IV Start ____
Time of Next Dose or IV Start ____

☐ Carbamazepine ☐ Phenytoin, Total
☐ Cyclosporine pre dose ☐ Sirolimus
☐ Cyclosporine 2 h post ☐ Tacrolimus
☐ Digoxin ☐ Theophylline
☐ Lithium ☐ Valproate
☐ Phenobarbital ☐ Other ____

Antibiotics

Gentamicin ☐ Pre ☐ Post ☐ Interval ☐ Other
Tobramycin ☐ Pre ☐ Post ☐ Interval ☐ Other
Vancomycin ☐ Pre ☐ Other

Anticoagulant

☐ Anti-Xa - Unfractionated Heparin
☐ Anti-Xa - LMWH
☐ Anti-Xa - Apixaban ☐ Anti-Xa - Rivaroxaban

Urine Drug Testing Panels

Reason For Request ____

☐ Opioid Dependency Panel
What is Treatment Regimen?
☐ Buprenorphine ☐ Methadone
☐ Morphine ☐ Hydromorphone
☐ Other ____ **OR**

☐ General Toxicology Panel

Miscellaneous

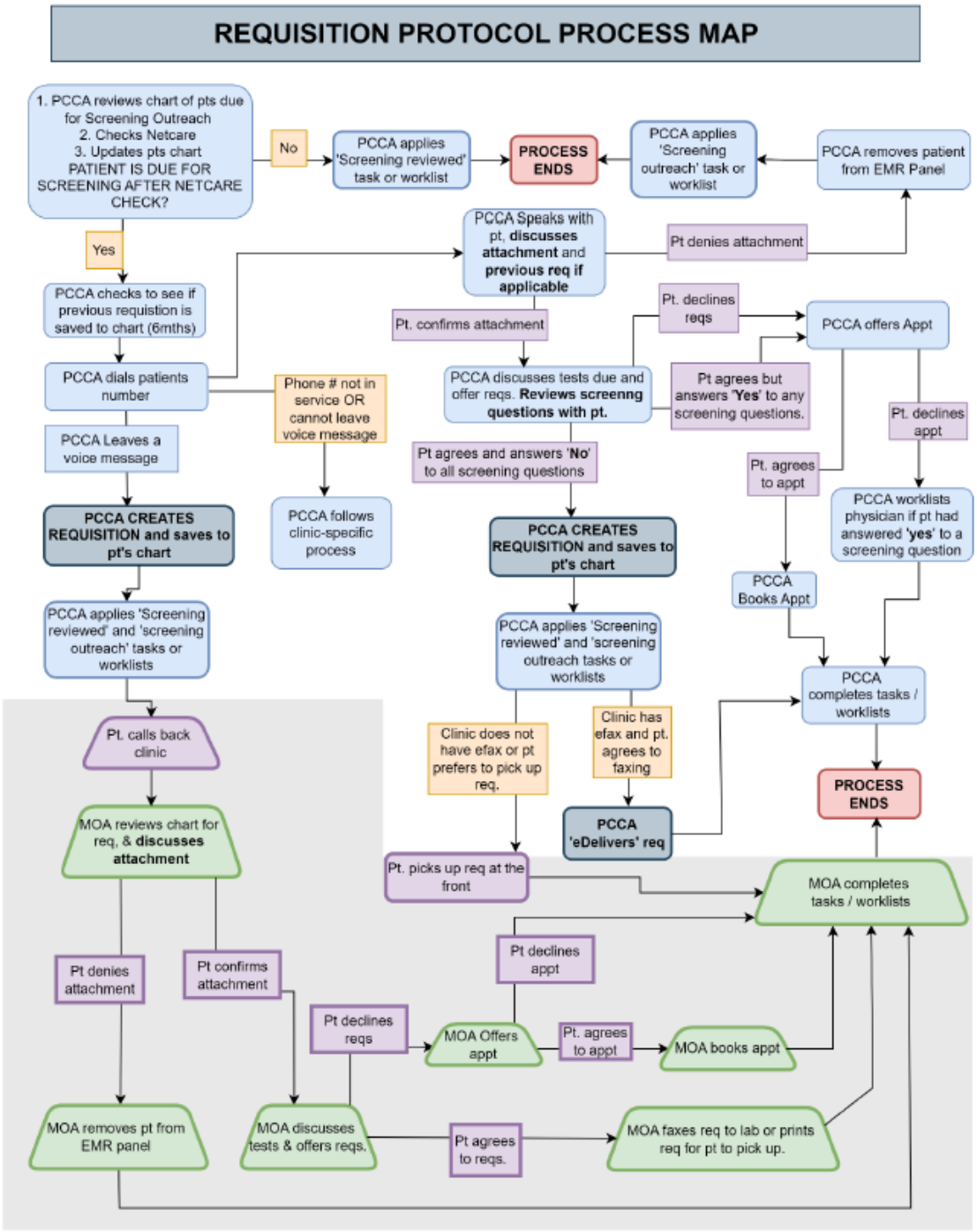
☐ Celiac Screen - TTG IgA (Includes IgA deficiency screen) ⓘ
☑ FIT Colorectal Cancer Screening (Age 50-74)
☐ H. pylori Test ☐ Hemoglobinopathy Investigation

Additional Tests

Primary Care Network
EDMONTON SOUTHSIDE

EXAMPLE REQUISITION PROTOCOL PROCESS MAP

The process map below outlines all possible scenarios for a clinic to consider. An actual process map for a clinic would typically be less detailed than the one presented here.



ESPCN PCCA REQUISITION PROTOCOL

Proactive Care Coordination Assistants (PCCAs) at the Edmonton Southside Primary Care Network (ESPCN) can identify patients who require health screening and prepare and offer routine requisitions, at the discretion of physician members by following evidence-based guidelines and an ESPCN-established process:

- PCCAs determine the test is appropriate by reviewing eligibility criteria outlined in the Alberta Screening and Prevention guidelines.
- PCCAs only offer screening requisitions to patients who have had at least one result in the past and the most recent result was normal. This is done by reviewing the patient's clinic chart and the provincial electronic health record (Netcare).
- PCCAs adhere to a follow-up procedure, to confirm patients provided requisitions have completed the test, and results have been received in the EMR.

PCCAs ask additional health screening questions for the Mammogram and FIT screens (see below). If the patient responds "yes" or is unsure, the PCCA will book an appointment with the physician. If the patient replies "no" to all questions, the PCCA will provide the requisition.

Mammogram:

- *Do you have any new or unusual changes to your breasts?*

FIT:

- *Do you have any new or unusual changes to your bowel habits?*
- *Have you had a colonoscopy in the past 10 years?*

Authorization:

I _____ (physician name) authorize the following requisitions to be prepared by my ESPCN PCCA. This will remain in effect until revoked.

✓	Requisition:	Restrictions (if any):
	Fecal Immunochemical Test (FIT)	
	Screening Mammogram	
	Diabetes screening (specify FBG or HBGA1C)	
	Plasma Lipid Profile Non-fasting	

Signed: _____ Date: _____

Primary Care Network
EDMONTON SOUTHSIDE