

Pharmacist Laboratory Requisition Documentation

Patient Information		
Name:	MB PHIN:	MHSC # (6 digits):
DOB:	Telephone:	Alternate Jurisdiction ID # (if applicable):
Address:	Insurer:	
Prescriber Information		
Prescriber Name:	Physician Nurse Practitioner Physician Assistant	Telephone: Fax:
Address:	Prescription Under Consideration:	
Laboratory Test Information		
Previous Laboratory Test Date:	Previous Laboratory Test Result:	
Reasons for Laboratory Test Ordered:		
<p>Patient Counselling on Reasons for Laboratory Test, Implications and Procedures of the Test: Patient</p> <p>Consented \longrightarrow Prescriber informed of test order</p> <p style="padding-left: 40px;"><i>Date laboratory test ordered:</i></p> <p>Patient Declined \longrightarrow Patient referred to prescriber and prescriber notified</p> <p style="padding-left: 40px;"><i>Date the prescriber notified:</i></p>		
Laboratory Test Results		
Date Result Received:	Laboratory Test Communicated Prescriber:	
<p>Yes Date:</p> <p>No</p> <p>Multiple Attempts No Response</p>		
Laboratory Test Result:		
<p>Prescriber authorizes pharmacist to provide recommendation to patient (below)</p> <p>Prescriber denies and patient notified to follow up with prescriber</p>		

Critical Value Received

Critical Value:	Date Received:	Time Received:
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Prescriber Contacted:
Yes **Date & Time:**
Prescriber Approves Recommendation (below): Yes No
Recommendation to be provided by: Pharmacist Prescriber

Prescriber Unavailable
Recommendation made to patient (below) and prescriber contacted at a later time
Date & Time prescriber contacted:

Pharmacist Recommendation

Recommendation:

Action Taken:

Pharmacist(s) Name(s):	Pharmacist(s) License/Billing #:
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Date:	Time:	Signature:
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Copy of Manitoba Pharmacist Laboratory Requisition Form:	Yes	No
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Additional Notes

College of Pharmacists of Manitoba Practice Direction: Test Ordering
College of Pharmacists of Manitoba Process map for Test Ordering by Community Pharmacists
College of Pharmacists of Manitoba, Manitoba Module: Ordering Lab Tests
Manitoba Pharmacist Laboratory Requisition Form