ANISHNAWBE MUSHKIKI

Anishnawbe Mushkiki · 1260 Golf Links Road, 3rd Floor · Thunder Bay, ON P7B 0A1
Phone: 807.623.0383 · Fax (807) 623-0135 · Email: info@mushkiki.com

MUSHKIKI.COM

May 14, 2024

To Whom It May Concern:

Re: Alexandria Adams Jul 10, 1985 Age: 38 yr
807-627-6738 (H preferred) alexandriaadams4@gmail.com

This client was off work May 2-9/24 due to medical reasons.

Thank you

Yours truly,

Sara Gleeson, N.P

Ontario

Ministry of Health and Long-Term Care

Laboratory Requisition
Requisitioning Clinician / Practitioner

Name
Sara Gleeson

Address
1260 Golf Links Rd. 3rd Floor
Thunder Bay, ON P7B 0A1

Clinician/Practitioner Number: 725553
CPSO / Registration No.: 0209916

Check (✓) one:
☒ OHIP/Insured ☐ Third Party / Uninsured ☐ WSIB

Additional Clinical Information *(e.g. diagnosis)*

☐ Copy to: Clinician/Practitioner
Last Name: First Name
Address

Laboratory Use Only

Clinician/Practitioner's Contact Number for Urgent Results: (807) 623-0383 Ext.

Service Date: yyyy mm dd

Health Number: ON 9898 947 776 | Version: TL | Sex: ☐ M ☒ F | Date of Birth: yyyy 1985 mm 07 dd 10

Province | Other Provincial Registration Number

Patient's Telephone Contact Number: (807) 627-6738

Patient's Last Name *(as per OHIP Card)*: Adams

Patient's First & Middle Names *(as per OHIP Card)*: Alexandria Marie

Patient's Address *(including Postal Code)*
105 Redwood Ave West
THUNDER BAY, ON P7C 1Z3

Note: Separate requisitions are required for cytology, histology / pathology, ColonCancerCheck FIT test, and tests performed by Public Health Laboratory

x	Biochemistry
	Glucose ☐ Random ☐ Fasting
☒	HbA1C
☒	Creatinine (eGFR)
	Uric Acid
☒	Sodium
☒	Potassium
☒	ALT
☒	Alk. Phosphatase
	Bilirubin
	Albumin
☒	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)
	Albumin / Creatinine Ratio, Urine
	Urinalysis (Chemical)
	Neonatal Bilirubin:
	Child's Age: days hours
	Clinician/Practitioner's tel. no.
	Patient's 24 hr telephone no.
	Therapeutic Drug Monitoring:
	Name of Drug #1
	Name of Drug #2
	Time Collected #1 hr. #2 hr.
	Time of Last Dose #1 hr. #2 hr.
	Time of Next Dose #1 hr. #2 hr.

x	Hematology
☒	CBC
	Prothrombin Time (INR)
	Immunology
	Pregnancy Test (Urine)
	Mononucleosis Screen
	Rubella
	Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)
	Repeat Prenatal Antibodies
	Microbiology ID & Sensitivities (if warranted)
	Cervical
	Vaginal
	Vaginal / Rectal – Group B Strep
	Chlamydia *(specify source)*:
	GC *(specify source)*:
	Sputum
	Throat
	Wound *(specify source)*:
	Urine
	Stool Culture
	Stool Ova & Parasites
	Other Swabs / Pus *(specify source)*:

x	Viral Hepatitis *(check one only)*
	Acute Hepatitis
	Chronic Hepatitis
	Immune Status / Previous Exposure *Specify:* ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C

or order individual hepatitis tests in the "Other Tests" section below

Prostate Specific Antigen (PSA)
☐ Total PSA ☐ Free PSA
Specify one below:
☐ Insured – Meets OHIP eligibility criteria
☐ Uninsured – Screening: Patient responsible for payment

Vitamin D (25-Hydroxy)
☒ Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism
☐ Uninsured - Patient responsible for payment

Other Tests - one test per line
TSH

I hereby certify the tests ordered are not for registered in or out patients of a hospital.

X Sara Gleeson
Clinician/Practitioner Signature

14/05/2024
Date

Specimen Collection
Time (24 hour clock) | Date (yyyy/mm/dd)

Laboratory Use Only

