

Patient information	Last name:		Information on the requestor (s)	<i>First and last name of the doctor, license number, address, telephone, and fax.</i>			
	First name:						
	Medicare #:						
	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Dossier #:		Signature of doctor:			
	Date of birth: (YYYY/MM/DD)			Licence #		Date:	
	Tel. (home):			Copy to Dr.:		Fax/ email:	
	Tel. (cell):			Other cc:		Fax/ email:	
Address (city, province, postal code)		Time: (HH:MM)		Collected by:			
Specimen Collection		Date: (YYYY/MM/DD)					

PROFILES		
<input type="checkbox"/> 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.	<input type="checkbox"/> CARDIOVASCULAR PROFILE (CVRK) ★★ Cholesterol, triglycerides, HDL & LDL cholesterol. Options : <input type="checkbox"/> APOA (APOA) <input type="checkbox"/> APOB (APOB)	<input type="checkbox"/> THYROID PROFILE (THY1) TSH, free T4. Options : <input type="checkbox"/> Thyroglobulin (THYG) <input type="checkbox"/> Free T3 (FT3) <input type="checkbox"/> Thyroglobulin Ab (TGAB) <input type="checkbox"/> Anti-TPO (TPO)
<input type="checkbox"/> BIOCHEMISTRY PROFILE #4 (CHL4) ★ Glucose, creatinine, urea, calcium, total protein, GGT, albumin, AST, ALT, alkaline phosphatase, total bilirubin, inorganic PO4, cholesterol, triglycerides, HDL & LDL cholesterol, electrolytes.	<input type="checkbox"/> LIVER PROFILE (LIV1) AST, ALT, GGT, total bilirubin, alkaline phosphatase.	<input type="checkbox"/> PROFILE S.T.B.B.I. (STDMH) Chlamydia + gonorrhoea by PCR, syphilis, HIV.
<input type="checkbox"/> BIOCHEMISTRY PROFILE #2 + ELECTROLYTES (CHM5) Glucose, creatinine, urea, calcium, total protein, GGT, albumin, AST, ALT, alkaline phosphatase, total bilirubin, electrolytes, uric acid, phosphate.	<input type="checkbox"/> FERTILITY PROFILE #1 (FERT) FSH, LH.	<input type="checkbox"/> CHLAMYDIA AND GONORRHEA PROFILE BY PCR Number of specimen(s): <input type="checkbox"/> 1 (CGPCR1) <input type="checkbox"/> 2 (CGPCR2) <input type="checkbox"/> 3 (CGPCR3) <input type="checkbox"/> 4 (CGPCR4)
<input type="checkbox"/> BIOCHEMISTRY PROFILE #1 (BIO1) Uric acid, urea, ALT, creatinine, electrolytes, glucose.	<input type="checkbox"/> MENOPAUSE PROFILE (MEN1) FSH, LH, estradiol.	SOS : _____ Options S.T.B.B.I.: Chlamydia : <input type="checkbox"/> PCR (CMPC) <input type="checkbox"/> Urine (CMPCU) Gonorrhea : <input type="checkbox"/> PCR (GONO) <input type="checkbox"/> Urine (GONOU) Tricho., PCR <input type="checkbox"/> Vaginalis (TRIPCR) <input type="checkbox"/> Urine (UTRIPCR) <input type="checkbox"/> Hep. C ● (HEPC) <input type="checkbox"/> HSV 1 & 2 DNA, PCR (HSVPCR)

BIOCHEMISTRY <input type="checkbox"/> Albumin (ALB) GLUCOSE ___g <input type="checkbox"/> Alkaline phosphatase (ALKP) <input type="checkbox"/> AC ★ (ACGL) <input type="checkbox"/> PC (PCGL) <input type="checkbox"/> ALT (ALT) Glucose ★ AC & PC ___g <input type="checkbox"/> Amylase (AMYL) <input type="checkbox"/> 1h (ACPC1H) <input type="checkbox"/> 2h (ACPC2H) <input type="checkbox"/> APOB (APOB) <input type="checkbox"/> Glucose, random (GLU) <input type="checkbox"/> AST (AST) <input type="checkbox"/> Glucose tolerance test 2h ★ (2HGTT) ___g <input type="checkbox"/> Bicarbonate and total CO ₂ (CO2P) <input type="checkbox"/> Glucose tolerance test 3h ★ (3HGTT) ___g <input type="checkbox"/> Bilirubin, direct (DBIL) <input type="checkbox"/> HbA1c (GLHBP) <input type="checkbox"/> Bilirubin, total (TBIL) <input type="checkbox"/> Homocystein (HCYS) <input type="checkbox"/> Calcium (CA) <input type="checkbox"/> H. Pylori Serum (HELI) <input type="checkbox"/> Cholesterol, total (CHOL) ★★ <input type="checkbox"/> H. Pylori Breath (HPBT) ● <input type="checkbox"/> Cholesterol, HDL (HDL) ★★ <input type="checkbox"/> Lactate deshydrogenase (LD) <input type="checkbox"/> CK (CK) <input type="checkbox"/> Magnesium (MG) <input type="checkbox"/> Creatinine, incl. EGFR (CREA) <input type="checkbox"/> PO4 inorganic (PO4) <input type="checkbox"/> CRP, include H/S (CRPHS) <input type="checkbox"/> Protein electrophoresis (SPEP) <input type="checkbox"/> Electrolytes NA, K, Cl (ELEC) <input type="checkbox"/> Quant. IFOB (QIFOB) <input type="checkbox"/> GGT (GGT) <input type="checkbox"/> Urea (UREA) <input type="checkbox"/> Uric acid (URIC)	HEMATOLOGY <input type="checkbox"/> Blood group & Rh. (BLDT) <input type="checkbox"/> CBC with differential (CBC) <input type="checkbox"/> Hb Electrophoresis (HBEL) <input type="checkbox"/> Sedimentation (SEDI)	SPERMOGRAM <i>The specimen must be returned to our Head Office within one hour.</i> <input type="checkbox"/> Fertility (SPGMF) ♦/♦♦ <input type="checkbox"/> Post-vasectomy (SPGMPV) ♦/♦♦
ENDOCRINOLOGY <input type="checkbox"/> Anti-thyroid antibodies (THAB) <input type="checkbox"/> β-HCG, Quantitative (BHCG) <input type="checkbox"/> β-HCG, Qualitative (PREG) <input type="checkbox"/> Ca-125 (C125) <input type="checkbox"/> Cortisol, serum (SCORT) <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> DHEA-S (DH-S) <input type="checkbox"/> Estradiol (ESTR) <input type="checkbox"/> Ferritin (FERR) <input type="checkbox"/> Folic acid (FOLC) <input type="checkbox"/> Free T3 (FT3) <input type="checkbox"/> Free T4 (FT4) <input type="checkbox"/> FSH (FSH)	COAGULATION <input type="checkbox"/> PT including INR (PT) <input type="checkbox"/> PTT (PTT)	URINE <input type="checkbox"/> Urine analysis (URC) <input type="checkbox"/> Urine culture and analysis (URC+) <input type="checkbox"/> Microalbuminuria, urine (A/CU)
<input type="checkbox"/> LH (LH) <input type="checkbox"/> Progesterone (PROG) <input type="checkbox"/> Prolactin (PRLA) <input type="checkbox"/> PTH (PTH) <input type="checkbox"/> PSA (PSA) <input type="checkbox"/> PSA free and total (FPSA) <input type="checkbox"/> Testosterone <input type="checkbox"/> Total (TEST) <input type="checkbox"/> Bioavailable (TESBC) <input type="checkbox"/> Free (TESFC) <input type="checkbox"/> TSH (TSH) <input type="checkbox"/> Vitamin B12 (VB12) <input type="checkbox"/> Vitamin D-25 OH (25D) <input type="checkbox"/> Vitamin B12 & folic acid (FA12)	CYTOPATHOLOGY <input type="checkbox"/> Biopsy (BIOP) ♦ specify _____ <input type="checkbox"/> Urine cytology (UCYT) ♦ x. _____ <input type="checkbox"/> ThinPrep Pap Test (PAPT) ♦ <input type="checkbox"/> HPV DNA (HPV) ♦	MICROBIOLOGY <input type="checkbox"/> Strep B culture (VAGS) <input type="checkbox"/> Stool culture (CULS) <input type="checkbox"/> Vaginal culture (CULV) <input type="checkbox"/> Ova and parasites (PARA) ___de 3 <input type="checkbox"/> CDIF toxin gene, PCR (CDIF) <input type="checkbox"/> HSV 1 & 2 DNA, PCR (HSVPCR) <input type="checkbox"/> Strep A rapide PCR, STPCR in reflex (STPP) <input type="checkbox"/> Strep A, C & G PCR (STPCR) <input type="checkbox"/> Strep A, C & G PCR & candida (CULT) <input type="checkbox"/> Other cultures : _____
Number of sample(s) : _____	SEROLOGY <input type="checkbox"/> ANA (ANA) <input type="checkbox"/> HAV IgM (HAVM) <input type="checkbox"/> HAV IgG (HAVG) <input type="checkbox"/> HBsAb (HBAB) <input type="checkbox"/> HBsAg (HSAG) ● <input type="checkbox"/> HCV (HEPC) ● <input type="checkbox"/> HIV (HIV) ● <input type="checkbox"/> Monotest (MONO) <input type="checkbox"/> Rheumatoid factor (RA) <input type="checkbox"/> Rubella IgG (RUBE) <input type="checkbox"/> Syphilis (SYPEIA) ●	COVID-19 <input type="checkbox"/> COVID-19 PCR (COVID19) ♦ <input type="checkbox"/> COVID-19 antibodies (COVID19AB) ♦
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 TESTS

The patient understands that the majority of services offered at CDL are also offered in public health institutions. The patient also acknowledges that the testing performed by CDL Laboratories are private examinations, and therefore, are not covered by the Régie de l'assurance maladie du Québec.

● See verso for address of acquisition centers. ●

Other CDL Requisitions Availables

<p>Pathology (RR-10-RQ-001) Biopsy (RR-60-RQ-001) COVID (RR-80-RQ-001)</p>	<p>Prenatal (RR-15-RQ-001) Clinical Services (RR-25-RQ-001)</p> <ul style="list-style-type: none"> • Hydrogen methane breath tests • Cardiology (Holter monitor, monitor rental, echocardiogram, stress-echocardiogram) • Ultrasounds (1st trimester, endovaginal, pelvic) 	<p>Vaccines (RR-25-RQ-300) Allergy (RR-30-RQ-001)</p>
---	---	--

Acquisition Centers

<p>Head office</p> <ul style="list-style-type: none"> • 5990 Côte-des-Neiges • Tel. : 514 344-8022 • Mon. to Fri. : 7am to 6pm • Sun. : 10am to 2pm • E-mail : service@cdllabs.com <p>West Island</p> <ul style="list-style-type: none"> • 12774 Gouin Ouest, suite 115 • Tel. : 514 684-8460 ext :211 • E-mail : service.pierrefonds@cdllabs.com 	<p>Montreal Downtown</p> <ul style="list-style-type: none"> • 666 Sherbrooke Ouest, suite #1900 • Tel. : 514 982-9696 • E-mail : service.centre-ville@cdllabs.com <p>Décarie</p> <ul style="list-style-type: none"> • 6900 Boul. Décarie, Suite M-196 • Tel: 514 341-1777 • E-mail : service.decariesquare@cdllabs.com 	<p>CDL Laval</p> <ul style="list-style-type: none"> • 4415 Boul. Notre-Dame, Suite 209 • Tel. : 514 344-8631 • E-mail : service.laval@cdllabs.com <p>CDL Kildare</p> <ul style="list-style-type: none"> • 7005 Kildare, Suite 8 • Tel. : 514 489-5785 • E-mail : service.kildare@cdllabs.com <p>CDL Metro Medic</p> <ul style="list-style-type: none"> • 1538 Sherbrooke Ouest, Suite 101 • Tel : 514 733-8844 • E-mail : service.metromedic@cdllabs.com
---	---	--