

ANALYSIS REQUEST FORM METALS AND TRACE ELEMENTS

CLIENT		
Hospital center / Customer:		
Address:		Postal Code:
Requesting physician name:		Practice licence:
Phone:		Fax:
Collection date (yyyy/mm/dd):		Time:
PATIENT		
Last and first names:		BD (yyyy/mm/dd):
RAMQ :		
File #:		
Client's reference # :		

Test(s) requested						
	URINE	WHOLE BLOOD	PLASMA SERUM	HAIR	LIVER BIOPSY	OTHER (SPECIFY)
Metals dosing – full panel	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		If full profile checked, all highlighted analytes will be analyzed
Aluminum (Al)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Antimony (Sb)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Arsenic speciation (As)	<input type="checkbox"/>					<input type="checkbox"/>
Barium (Ba)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Beryllium (Be)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Bismuth (Bi)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Boron (B)	<input type="checkbox"/>					<input type="checkbox"/>
Bromides (Br)		<input type="checkbox"/>				<input type="checkbox"/>
Cadmium (Cd)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Cerium (Ce)	<input type="checkbox"/>					<input type="checkbox"/>
Cesium (Cs)	<input type="checkbox"/>					<input type="checkbox"/>
Chromium (Cr)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Cobalt (Co)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Copper (Cu)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluorides (F)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Gadolinium (Gd)	<input type="checkbox"/>					<input type="checkbox"/>
Gold (Au)			<input type="checkbox"/>			<input type="checkbox"/>
Inorganic Arsenic (As)	<input type="checkbox"/>					<input type="checkbox"/>
Inorganic Mercury (Hg)	<input type="checkbox"/>					<input type="checkbox"/>

**ANALYSIS REQUEST FORM
METALS AND TRACE ELEMENTS**

Test(s) requested	URINE	WHOLE BLOOD	PLASMA SERUM	HAIR	LIVER BIOPSY	OTHER (SPECIFY)
Iodides (I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Iron (Fe)					<input type="checkbox"/>	<input type="checkbox"/>
Lanthanum (La)	<input type="checkbox"/>					<input type="checkbox"/>
Lead (Pb)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Lithium (Li)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Manganese (Mn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Methylmercury (MeHg)		<input type="checkbox"/>				<input type="checkbox"/>
Molybdenum (Mo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Neodymium (Nd)	<input type="checkbox"/>					<input type="checkbox"/>
Nickel (Ni)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Platinum (Pt)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
Praseodymium (Pr)	<input type="checkbox"/>					<input type="checkbox"/>
Selenium (Se)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Silver (Ag)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Tellurium (Te)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Thallium (Tl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Thorium (Th)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Tin (Sn)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Total Arsenic (As)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Total Mercury (Hg)	<input type="checkbox"/>	<input type="checkbox"/> **		<input type="checkbox"/>		<input type="checkbox"/>
Tungsten (W)	<input type="checkbox"/>					<input type="checkbox"/>
Uranium (U)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Vanadium (V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Yttrium (Y)	<input type="checkbox"/>					<input type="checkbox"/>
Zinc (Zn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Zinc protoporphyrin (ZPP)		<input type="checkbox"/>				<input type="checkbox"/>
Creatinine	<input type="checkbox"/>					
Density	<input type="checkbox"/>					

* A result > 0.5 µmol/L triggers a reflex test for inorganic arsenic, unless this analysis was performed within the last 12 months.

** A result > 60 nmol/L triggers a reflex test for methylmercury, unless this analysis was performed within the last 12 months.

Additional information

Section reserved for CTQ laboratory

Sample received at: RT 4°C Frozen

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