



ELECTROCARDIOGRAM REQUISITION

Accession # (lab only)

Patient	PHN	Alternate Identifier		Date of Birth (yyyy-Mon-dd)	
	Last Name	First Name	Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone
	Address	City/Town	Prov	Postal Code	Location
Requestor (s)	Requestor Name <i>(last, first)</i>		Copy to <i>(last, first)</i>		Copy to <i>(last, first)</i>
	Location/Facility/Address		Location/Facility/Address		Location/Facility/Address
	Phone		Phone		Phone
	Healthcare Provider ID		Healthcare Provider ID		Healthcare Provider ID
Collection	Date (yyyy-Mon-dd)	Time (24 hr)	Location	Collector ID	

Interpretation Request	<p>Stat ECGs are not available. Patients with cardiac symptoms should be referred to nearest emergency department.</p> <p>All ECGs on patients 16 years or younger are read by a pediatric cardiologist</p> <p>Select preferred reader and interpretation status. If section is incomplete, ECG will be sent to default reader for routine interpretation</p> <p><input type="checkbox"/> Default Reader:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Routine Interpretation: Report Required next business day <input type="checkbox"/> Priority Interpretation: Report Required same business day. <p><input checked="" type="checkbox"/> Alternate Reader: To be read by: <u>TOTALCARDIOLOGY</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Routine Interpretation <input type="checkbox"/> Priority Interpretation: The ordering physical is responsible for making arrangements for preferred reader to be available to receive fax of un-interpreted ECG on day of recording.
Additional Copies	<p><input type="checkbox"/> Fax copy of un-interpreted ECG to Ordering Physician: Should only be requested if same day treatment required.</p> <p>Fax Number must be provided: _____</p> <p><input type="checkbox"/> Provide copy of un-interpreted ECG to patient.</p>
Additional Order Information	

Patient Instructions

- Avoid use of oily or greasy skin creams on the day of testing as it causes interference.
- Avoid wearing full length hosiery as sensors must be applied directly to skin.

CLS Use Only:

- **Patient has pacemaker?** (circle one) Yes or No
- **Patient contact information for 3 hours after ECG completed:** _____

More details on ECG testing can be found on our web site: <http://www.calgarylabservices.com/lab-services-guide/lab-test/AlphabeticalListing/E/ECG.html>