

# Outpatient Laboratory Requisition

All Physicians **MUST** include addresses

ORDERING PHYSICIAN, ADDRESS,  
MSP PRACTITIONER NUMBER

## Laboratory Medicine

(Anatomical Pathology requisitions - see separate form)

**Grey highlighted fields must be completed to avoid delays in specimen collection and patient processing.**

For tests indicated with a grey tick box , consult provincial guidelines and protocols ([www.BCGuidelines.ca](http://www.BCGuidelines.ca)).

Bill to:  MSP  ICBC  WorkSafeBC  PATIENT  OTHER: \_\_\_\_\_

LOCUM FOR PHYSICIAN:

PHN NUMBER \_\_\_\_\_ ICBC/WorkSafeBC/RCMP NUMBER \_\_\_\_\_

MSP PRACTITIONER NUMBER:

SURNAME OF PATIENT \_\_\_\_\_ FIRST NAME OF PATIENT \_\_\_\_\_

If this is a STAT order please provide contact telephone number:

DOB: YYYY MM DD SEX:  M  F Pregnant?  YES  NO Fasting? \_\_\_\_\_ h pc

Copy to Physician/Address/MSP Practitioner Number

TELEPHONE NUMBER OF PATIENT \_\_\_\_\_ CHART NUMBER \_\_\_\_\_

ADDRESS OF PATIENT \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ PROVINCE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE \_\_\_\_\_

### HEMATOLOGY

- Hematology profile
- PT-INR  On warfarin?
- Ferritin (query iron deficiency)
- HFE - Hemochromatosis (check ONE box only)
  - Confirm diagnosis (ferritin first ± TS, ± DNA testing)
  - Sibling/parent is C282Y/C282Y homozygote (DNA testing)

### URINE TESTS

- Urine culture - list current antibiotics: \_\_\_\_\_
- Macroscopic → microscopic if dipstick positive
- Macroscopic → urine culture if pyuria or nitrite present
- Macroscopic (dipstick)  Microscopic
  - Special case (if ordered together)
- Pregnancy test

### CHEMISTRY

- Glucose - fasting (see reverse for patient instructions)
- GTT - gestational diabetes screen (50 g load, 1 hour post-load)
- GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
- Hemoglobin A1c
- Albumin/creatinine ratio (ACR) - urine

### LIPIDS

✓ one box only. For other lipid investigations, please order specific tests below and provide diagnosis.

- Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL & LDL Cholesterol, Triglycerides, fasting)
- Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required)
- Follow-up of treated hypercholesterolemia (**ApoB only**, fasting not required)
- Self-pay lipid profile (non-MSP billable, fasting)

### THYROID FUNCTION

For other thyroid investigations, please order specific tests below and provide diagnosis.

- Suspected Hypothyroidism (TSH first +/-fT4)
- Suspected Hyperthyroidism (TSH first +/-fT4, +/-fT3)
- Monitor thyroid replacement therapy (TSH only)

### OTHER CHEMISTRY TESTS

- Sodium  Albumin  Creatinine / eGFR
- Potassium  Alk phos  Calcium
- ALT  Creatine kinase (CK)
- Bilirubin  PSA - Known or suspected prostate cancer (MSP billable)
- GGT  T. Protein  PSA screening (self-pay)

### MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site

#### ROUTINE CULTURE

- List current antibiotics: \_\_\_\_\_
- Throat  Sputum  Blood  Urine
  - Superficial Wound  Deep Wound
  - Site: \_\_\_\_\_
  - Other: \_\_\_\_\_

#### HEPATITIS SEROLOGY

- Acute viral hepatitis undefined etiology**  
Hepatitis A (anti-HAV IgM)  
Hepatitis B (HBsAg + anti-HBc)  
Hepatitis C (Anti-HCV)
- Chronic viral hepatitis undefined etiology**  
Hepatitis B (HBsAg; anti-HBc; anti-HBs)  
Hepatitis C (anti-HCV)

#### Investigation of hepatitis immune status

- Hepatitis A (anti-HAV, total)
- Hepatitis B (anti-HBs)

#### Hepatitis marker(s)

- HBsAg
- (For other hepatitis markers, please order specific test(s) below)

#### HIV SEROLOGY

- (Patient has legal right to choose nominal or non-nominal reporting)
- Nominal reporting  Non-nominal reporting

#### VAGINITIS

- Initial (smear for BV & yeast only)
- Chronic/recurrent (smear, culture, trichomonas)
- Trichomonas testing

#### GROUP B STREP SCREEN (Pregnancy only)

- Vagino-anorectal swab  Penicillin allergy

#### CHLAMYDIA (CT) & GONORRHEA (GC)

- CT & GC testing  
Source/site:  Urethra  Cervix  Urine
- GC culture:  Throat  Rectal
- Other: \_\_\_\_\_

#### STOOL SPECIMENS

- History of bloody stools?  Yes
- C. difficile testing
  - Stool culture
  - Stool ova & parasite exam
  - Stool ova & parasite (high risk, 2 samples)

#### DERMATOPHYTES

- Dermatophyte culture  KOH prep (direct exam)
- Specimen:  Skin  Nail  Hair
- Site: \_\_\_\_\_

#### MYCOLOGY

- Yeast  Fungus Site: \_\_\_\_\_

### OTHER TESTS

**Standing order requests - expiry & frequency must be indicated**

- ECG
- Fecal Occult Blood (Age 50 - 74 asymptomatic q2y)  
Copy to Colon Screening Program
- Fecal Occult Blood (Other indicators)

SIGNATURE OF PHYSICIAN \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

DATE OF COLLECTION \_\_\_\_\_

TIME OF COLLECTION \_\_\_\_\_

PHLEBOTOMIST \_\_\_\_\_

TELEPHONE REQUISITION RECEIVED BY (employee/date/time) \_\_\_\_\_

### INSTRUCTIONS TO PATIENTS (see reverse)

Other instructions:

# Vancouver Coastal Health/Providence Health Care Laboratory Locations

Website: [LMLabs.phsa.ca](http://LMLabs.phsa.ca)

<p><b>Bella Coola General Hospital</b> 1025 Elcho Street Bella Coola, BC V0T 1C0 <b>Tel:</b> 250-799-5311, Ext 230 <b>Fax:</b> 250-799-5350 <b>Hours of Operation: Monday-Friday</b> 8:15 AM-4:00 PM <b>Closed weekends and Stat Holidays</b></p>	<p><b>Lions Gate Hospital Laboratory</b> Second Floor, 231 15th St. East North Vancouver, BC V7L 2L7 <b>Tel:</b> 604-984-5755 <b>Fax:</b> 604-984-5984 <b>Hours of Operation: Monday-Friday</b> 7:00 AM-6:00 PM <b>Sat-Sun, Holidays</b> 8:00 AM-12:00 NOON</p>
<p><b>Mount Saint Joseph Hospital Laboratory</b> Ground Floor, Near the Prince Edward Entrance 3080 Prince Edward St., Vancouver, BC V5T 3N4 <b>Tel:</b> 604-877-8302 <b>Fax:</b> 604-877-8108 <b>Hours of Operation: Monday-Friday</b> 8:00 AM-5:00 PM <b>Closed weekends and Stat Holidays</b></p>	<p><b>Northmount Medical Laboratory</b> Suite 202 - 145 13th St. East North Vancouver, BC V7L 2L4 <b>Tel:</b> 604-904-3535 <b>Fax:</b> 604-904-3560 <b>Hours of Operation: Monday-Friday</b> 8:00 AM-5:30 PM</p>
<p><b>Pemberton Health Centre Laboratory</b> 1403 Portage Road Pemberton, BC V0N 2L0 <b>Tel:</b> 604-894-6939 <b>Fax:</b> 604-894-6915 <b>Hours of Operation: Monday-Friday</b> 8:45 AM-12:00 NOON 1:00 PM-4:00 PM</p>	<p><b>Powell River General Hospital Laboratory</b> 5000 Joyce Avenue Powell River, BC V8A 5R3 <b>Tel:</b> 604-485-3266 <b>Fax:</b> 604-485-3236 <b>Hours of Operation: Monday-Friday</b> 7:30 AM-4:00 PM</p>
<p><b>Richmond Hospital Laboratory</b> 2nd Floor, Rm 2552, South Tower - 7000 Westminster Hwy Richmond, BC V6X 1A2 <b>Tel:</b> 604-244-5295 <b>Fax:</b> 604-244-5161 <b>Hours of Operation: Monday-Friday</b> 8:00 AM-5:30 PM <b>Sat-Sun</b> 9:00 AM-2:00 PM <b>Holidays</b> by appointment only</p>	<p><b>R.W. Large Memorial Hospital</b> 88 Waglisla Street Bella Bella, BC V0T 1Z0 <b>Tel:</b> 250-957-2314, Ext 234 <b>Fax:</b> 250-957-2702 <b>Hours of Operation: Monday-Friday</b> 8:30 AM-3:30 PM <b>Closed weekends and Stat Holidays</b></p>
<p><b>St. Mary's Hospital Laboratory, Sechelt</b> 5544 Sunshine Coast Hwy Sechelt, BC V0N 3A0 <b>Tel:</b> 604-885-8603 <b>Fax:</b> 604-885-8632 <b>Hours of Operation: Monday-Friday</b> 8:00 AM-6:00 PM <b>Sat</b> 9:30 AM-12:00 NOON <b>Sun, Holidays</b> by appointment only</p>	<p><b>St. Paul's Hospital Laboratory</b> Second Floor, Providence I Building 1081 Burrard St., Vancouver, BC V6Z 1Y6 <b>Tel:</b> 604-806-8626 <b>Fax:</b> 604-806-8342 <b>Hours of Operation: Monday-Friday</b> 7:00 AM-6:00 PM <b>(closed stats) Sat-Sun, Holidays</b> 10:00 AM-3:00 PM</p>
<p><b>Squamish General Hospital Laboratory</b> 38140 Behner Drive Squamish, BC V0N 3G0 <b>Tel:</b> 604-892-6040 <b>Fax:</b> 604-892-6042 <b>Hours of Operation: Tuesday-Friday</b> 8:00 AM-4:00 PM <b>Saturday</b> 8:00 AM-12:00 NOON</p>	<p><b>UBC Hospital Laboratory</b> Room M210, Main Floor, Koerner Pavilion 2211 Wesbrook Mall, Vancouver, BC V6T 2B5 <b>Tel:</b> 604-822-7271 <b>Fax:</b> 604-822-7575 <b>Hours of Operation: Monday-Friday</b> 8:00 AM-4:45 PM</p>
<p><b>Vancouver General Hospital Outpatient Laboratory</b> Gordon &amp; Leslie Diamond Health Care Centre Level 1-2775 Laurel Street, Vancouver, BC V5Z 1M9 <b>Tel:</b> 1-877-747-2522 <b>Fax:</b> 604-875-5882 <b>Hours of Operation: Monday-Friday</b> 7:00 AM-5:00 PM</p>	<p><b>Whistler Health Care Centre Laboratory</b> 4380 Lorimer Road Whistler, BC V0N 1B4 <b>Tel:</b> 604-932-4911 <b>Fax:</b> 604-932-4363 <b>Hours of Operation: Monday-Friday</b> 8:30 AM-4:00 PM <b>Saturday</b> 9:00 AM-4:00 PM</p>

## Patient Instructions

**General Fasting Instructions** - Do not eat during period prior to test. Smoking is discouraged.

**Caution:** Water is permitted while fasting for blood tests. Unless specifically ordered to do so, patients with known or suspected kidney or urinary tract problems should not restrict their water intake while fasting.

**Glucose Fasting** - Do not eat or drink, except water, for 9-12 hours prior to the test.

**Glucose 2HR Post Meal** - Eat a meal exactly 2 hours before arriving at the laboratory. Do not eat again until the test is completed.

**Glucose Tolerance** - Eat regular meals (adequate carbohydrate intake) for 3 days prior to the test. Do not eat or drink, except water, for 9-12 hours prior to the test. Contact laboratory. Appointment may be required.

**Cholesterol/Triglyceride/HDL** - Do not eat or drink, except water, for 9-12 hours prior to the test. Abstain from alcohol for 48 hours.

**Insulin, C-Peptide\*, Gastrin** - Do not eat or drink, except water, for 9 hours prior to test.

**\*C-Peptide** - Recent islet cell transplant or pancreatic transplant recipients may require non-fasting C-Peptide tests.

**Drug Assays** - The drug should be taken regularly without dosage change during the week preceding sampling. Blood should be collected PRIOR to the next dose. Check with the laboratory or your doctor if this presents a problem.

**Further Testing Information** - Check with your doctor or with one of the above laboratories.