

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 <input type="checkbox"/> , consult provincial guidelines and protocols (www.BCGuidelines.ca).	
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER: _____	LOCUM FOR PHYSICIAN/MSP PRACTITIONER NUMBER:		
PHN NUMBER	ICBC/WorkSafeBC/RCMP NUMBER		
SURNAME OF PATIENT	FIRST NAME OF PATIENT		
DOB YYYY MM DD	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fasting? _____ h pc
PRIMARY CONTACT NUMBER OF PATIENT	SECONDARY CONTACT NUMBER OF PATIENT	OTHER CONTACT NUMBER OF PATIENT	
ADDRESS OF PATIENT		CITY/TOWN	PROVINCE
DIAGNOSIS		CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE	

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

Copy to Physician/Address/MSP Practitioner Number

HEMATOLOGY	URINE TESTS	CHEMISTRY
<input type="checkbox"/> Hematology profile On Anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> INR Specify: _____ <input type="checkbox"/> Ferritin (query iron deficiency) HFE - Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (ferritin first ± TS, ± DNA testing) <input type="checkbox"/> Sibling/parent is C282Y/C282Y homozygote (DNA testing)	<input type="checkbox"/> Macroscopic → microscopic if dipstick positive <input type="checkbox"/> Macroscopic → urine culture if pyuria or nitrite present <input type="checkbox"/> Macroscopic (dipstick) <input type="checkbox"/> Microscopic* * Clinical information for microscopic required: _____	<input type="checkbox"/> Glucose - fasting (see reverse for patient instructions) <input type="checkbox"/> Glucose - random <input type="checkbox"/> GTT - gestational diabetes screen (50 g load; 1 hour post-load) <input type="checkbox"/> GTT - gestational diabetes confirmation (75 g load; fasting, 1 hour & 2 hour test) <input type="checkbox"/> GTT - non-gestational diabetes <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - urine

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

ROUTINE CULTURE
On Antibiotics: Yes No Specify: _____
 Throat Sputum Blood Urine
 Superficial Wound, Site: _____
 Deep Wound, Site: _____
 Other: _____

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) by NAAT
 Source/site: Urethra Cervix Urine
 Vagina Throat Rectum
 Other: _____

GONORRHEA (GC) CULTURE
 Source/site: Urethra Cervix Throat
 Rectum
 Other: _____

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

DERMATOPHYTES
 Dermatophyte culture KOH prep (direct exam)
 Specimen: Skin Nail Hair
 Site: _____

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 the legal right to choose not to have their name and address reported to public health = non-nominal reporting)
 Non-nominal reporting

LIPIDS
 Check one box only.
 Note: Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances (e.g. history of triglycerides > 4.5 mmol/L), independent of laboratory requirements.
 Full Lipid Profile - total HDL, non-HDL, LDL cholesterol, & triglycerides (baseline or follow-up of complex dyslipidemia)
 Follow-Up Lipid Profile - total, HDL & non-HDL cholesterol only
 Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated)

THYROID FUNCTION
 For other thyroid investigations, please order specific tests below and provide diagnosis.
 Monitor thyroid replacement therapy (TSH only)
 Suspected Hypothyroidism (TSH first, fT4 if indicated)
 Suspected Hypothyroidism (TSH first, fT4 & fT3 if indicated)

OTHER CHEMISTRY TESTS
 Sodium T. Protein hCG
 Potassium Albumin (urine qualitative)
 Creatinine / eGFR ALT hCG
 B12 Alk Phos (serum quantitative)
 Calcium GGT
 Creatine kinase (CK) Bilirubin
 PSA - known or suspected prostate cancer (MSP billable)
 PSA screening (self-pay)

OTHER TESTS
 ECG
 FIT (age 50 - 74 asymptomatic q2y) Copy to Colon Screening Program
 FIT No copy to Colon Screening Program

Standing order requests - expiry & frequency must be indicated

DATE OF COLLECTION	TIME OF COLLECTION	PHLEBOTOMIST	TELEPHONE REQUISITION RECEIVED BY (employee/date/time)
SIGNATURE OF PHYSICIAN		DATE SIGNED	

INSTRUCTIONS TO PATIENTS (see reverse)

Other instructions:

Vancouver Coastal Health/Providence Health Care Laboratory Locations

Website: LMLabs.phsa.ca

<p>Bella Coola General Hospital 1025 Elcho Street Bella Coola, BC V0T 1C0 Tel: 250-799-5311, Ext 230 Fax: 250-799-5350 Hours of Operation: Monday-Friday 8:15 AM-4:00 PM Closed weekends and Stat Holidays</p>	<p>Lions Gate Hospital Laboratory Second Floor, 231 15th St. East North Vancouver, BC V7L 2L7 Tel: 604-984-5755 Fax: 604-984-5984 Hours of Operation: Monday-Friday 7:00 AM-6:00 PM Sat-Sun, Holidays 8:00 AM-12:00 NOON</p>
<p>Mount Saint Joseph Hospital Laboratory Ground Floor, Near the Prince Edward Entrance 3080 Prince Edward St., Vancouver, BC V5T 3N4 Tel: 604-877-8302 Fax: 604-877-8108 Hours of Operation: Monday-Friday 8:00 AM-5:00 PM Closed weekends and Stat Holidays</p>	<p>Northmount Medical Laboratory Suite 202 - 145 13th St. East North Vancouver, BC V7L 2L4 Tel: 604-904-3535 Fax: 604-904-3560 Hours of Operation: Monday-Friday 8:00 AM-5:30 PM Will be closed, last day of operation Feb 15, 2019</p>
<p>Pemberton Health Centre Laboratory 1403 Portage Road Pemberton, BC V0N 2L0 Tel: 604-894-6939 Fax: 604-894-6915 Hours of Operation: Monday-Friday 8:45 AM-12:00 NOON 1:00 PM-4:00 PM</p>	<p>Powell River General Hospital Laboratory 5000 Joyce Avenue Powell River, BC V8A 5R3 Tel: 604-485-3266 Fax: 604-485-3236 Hours of Operation: Monday-Friday 7:30 AM-4:00 PM</p>
<p>Richmond Hospital Laboratory 2nd Floor, Rm 2552, South Tower - 7000 Westminster Hwy Richmond, BC V6X 1A2 Tel: 604-244-5295 Fax: 604-244-5161 Hours of Operation: Monday-Friday 8:00 AM-5:30 PM Sat-Sun 9:00 AM-2:00 PM Holidays by appointment only</p>	<p>R.W. Large Memorial Hospital 88 Waglisla Street Bella Bella, BC V0T 1Z0 Tel: 250-957-2314, Ext 234 Fax: 250-957-2702 Hours of Operation: Monday-Friday 8:30 AM-3:30 PM Closed weekends and Stat Holidays</p>
<p>Sechelt Hospital Laboratory 5544 Sunshine Coast Hwy Sechelt, BC V0N 3A0 Tel: 604-885-8603 Fax: 604-885-8632 Hours of Operation: Monday-Friday 8:00 AM-5:00 PM Sat 9:30 AM-12:00 NOON Sun, Holidays by appointment only</p>	<p>St. Paul's Hospital Laboratory Second Floor, Providence I Building 1081 Burrard St., Vancouver, BC V6Z 1Y6 Tel: 604-806-8626 Fax: 604-806-8342 Hours of Operation: Monday-Friday 7:00 AM-6:00 PM (closed stats) Sat-Sun, Holidays 10:00 AM-3:00 PM</p>
<p>Squamish General Hospital Laboratory 38140 Behner Drive Squamish, BC V0N 3G0 Tel: 604-892-6040 Fax: 604-892-6042 Hours of Operation: Tuesday-Friday 8:00 AM-4:00 PM Saturday 8:00 AM-12:00 NOON</p>	<p>UBC Hospital Laboratory Room M210, Main Floor, Koerner Pavilion 2211 Wesbrook Mall, Vancouver, BC V6T 2B5 Tel: 604-822-7271 Fax: 604-822-7575 Hours of Operation: Monday-Friday 8:00 AM-4:45 PM</p>
<p>Vancouver General Hospital Outpatient Laboratory Gordon & Leslie Diamond Health Care Centre Level 1-2775 Laurel Street, Vancouver, BC V5Z 1M9 Tel: 1-877-747-2522 Fax: 604-875-5882 Hours of Operation: Monday-Friday 7:00 AM-5:00 PM</p>	<p>Whistler Health Care Centre Laboratory 4380 Lorimer Road Whistler, BC V0N 1B4 Tel: 604-932-4911 Fax: 604-932-4363 Hours of Operation: Monday-Friday 8:30 AM-4:00 PM Saturday 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.