

STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

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Yellow highlighted fields must be completed.

 For tests indicated with a blue tick box , consult provincial guidelines and protocols ([www.BCGuidelines.ca](https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines)) <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines>

 Bill to → ☒ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER:

PERSONAL HEALTH NUMBER

9064-569-711

ICBC/WorkSafeBC NUMBER

LAST NAME OF PATIENT

Fridfinnson

FIRST NAME OF PATIENT

Lance

 DOB YYYV MM DD
1968 08 09

SEX

☒ M ☐ F

 Pregnant? ☐ YES ☐ NO ☐ Fasting? **13 hrs** h pc

PRIMARY CONTACT NUMBER OF PATIENT

(604) 970-9371

SECONDARY CONTACT NUMBER OF PATIENT

(604) 687-3733

OTHER CONTACT NUMBER OF PATIENT

ADDRESS OF PATIENT

2524 East 5th Ave

CITY/TOWN

Vancouver

PROVINCE

BC

POSTAL CODE

V5M 1M7

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY

- ☒ Hematology profile On Anticoagulant? ☐ Yes ☐ No
Specify: _____
- ☐ INR
- ☐ Ferritin (query iron deficiency)
- HFE - Hemochromatosis (check ONE box only)
- ☐ Confirm diagnosis (ferritin first, \pm TS, \pm DNA testing)
- ☐ Sibling/parent is C282Y/C282Y homozygote (DNA testing)

URINE TESTS

- ☐ Macroscopic → microscopic if dipstick positive
- ☐ Macroscopic → urine culture if pyuria or nitrite present
- ☐ Macroscopic (dipstick) ☐ Microscopic *
- * Clinical information for microscopic required:

CHEMISTRY

- ☐ Glucose - fasting (see reverse for patient instructions)
- ☐ Glucose - random
- ☐ GTT - gestational diabetes screen (50 g load, 1 hour post-load)
- ☐ GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
- ☐ GTT - non-gestational diabetes
- ☐ Hemoglobin A1c
- ☐ 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: ☐ Cervix ☐ Urethra ☐ 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: _____

MYCOLOGY

- ☐ Yeast ☐ Fungus Site: _____

HEPATITIS SEROLOGY

- ☐ Acute viral hepatitis undefined etiology
Hepatitis A (anti-HAV IgM)
Hepatitis B (HBsAg \pm 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

OTHER TESTS - Standing Orders include expiry & frequency

- ☐ ECG
- ☐ FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program
- ☐ FIT No copy to Colon Screening Program

LIPIDS

- ☒ 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 Hyperthyroidism (TSH first, ft4 & ft3 if indicated)

OTHER CHEMISTRY TESTS

- ☐ Sodium ☐ Creatinine / eGFR
- ☐ Potassium ☐ Calcium
- ☐ Albumin ☐ Creatine kinase (CK)
- ☐ Alk phos ☐ PSA - Known or suspected prostate cancer (MSP billable)
- ☒ ALT ☐ PSA screening (self-pay)
- ☐ B12 ☐ Pregnancy test
- ☐ Bilirubin ☐ β -HCG - quantitative
- ☐ GGT ☐
- ☐ T. Protein

SIGNATURE OF PRACTITIONER



DATE SIGNED

2023 - 06 - 30

DATE OF COLLECTION

31-Aug-2023

TIME OF COLLECTION

806AM

COLLECTOR



TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)

INSTRUCTIONS TO PATIENTS (See reverse)

Other Instructions: