

COMPLETE and ACCURATE information is required in all shaded areas.

Patient Surname (from CareCard) Widdows		First Patricia	Initial(s) 	Date of Birth 04 DAY 02 MONTH 1956 YEAR	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> M
Bill to: <input checked="" type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> Patient <input type="checkbox"/> Other		Chart Number		Room # (LTC use only)	
PHN 9047079387		I.D. Number			
Patient Address 2881 Crescentview Drive		City, Province North Vancouver BC	Postal Code V7R 2V2	Patient Telephone Number +1 604 987 7790 +1 604 290 6405	
Ordering Physician, Address, MSP Practitioner Number Dr. Cheryl R. Mason 138 13th Street East, Suite 220 North Vancouver BC V4S 3J1	Locum for: Physician MSC #	C0 Number AUG 31 2023 0906	Date/Time of Collection 0906	Phlebotomist MC	Data Entry
Copy to: Address, MSP Practitioner Number	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting 1 hours prior to test	<input type="checkbox"/> Phone 604-669-2...	<input type="checkbox"/> Fax 604-913-3200	Telephone Requisition Received By: INITIAL/DATE
Diagnosis and indications for guideline protocol and special tests hyperkalemia - no tourniquet					
For tests indicated with a shaded tick box <input type="checkbox"/> , consult provincial guidelines and protocols (www.BCGuidelines.ca)					

HEMATOLOGY

☒ Hematology profile On Anticoagulant? ☐ Yes ☒ No
☐ INR Specify: _____
☐ 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)

CHEMISTRY

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

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 test 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 ☐ GGT
☐ T. Protein ☐ β -HCG - quantitative

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MICROBIOLOGY

LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR 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: _____

Date
2023-08-29
Requisition is valid for one year from the date of issue.

URINE TESTS

☐ Macroscopic \rightarrow microscopic if dipstick positive
☐ Macroscopic \rightarrow urine culture if pyuria or nitrite present
☐ Macroscopic (dipstick) ☐ Microscopic
"Clinical information for microscopic required: _____"

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

☐ 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

bicarb, anion gap, INR
SST+Z
EDTA x1
NaCl x1
Standing Order requests - expiry and frequency must be indicated
Practitioner Signature:
Cheryl Mason