

COMPLETE and ACCURATE information is required in all shaded areas.

Patient Surname (from CareCard) Bhatia		First Navin	Initial(s) AB	Date of Birth 27 DAY 11 MONTH 1959 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		PHN 9023695832		Chart Number	Room # (LTC use only)
Patient Address 4220 Delbrook Avenue		City, Province North Vancouver British Col.	Postal Code V7N 4A3	Patient Telephone Number +1 604 671 4814	
Ordering Physician, Address, MSP Practitioner Number Dr. Cheryl R. Mason 138 13th Street East, Suite 220 North Vancouver BC V4V 1A1	Locum for: Physician MSC #	CO Number AUG 31 2023 1304		Date/Time of Collection 1304	Phlebotomist ML
Copy to: Address, MSP Practitioner Number	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting 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					
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 (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

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 ☐ GGT
- ☐ Bilirubin ☐ Pregnancy Test
- ☐ 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: _____

URINE TESTS

- ☐ Macroscopic → microscopic if dipstick positive
- ☐ Macroscopic → 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

SST x1

Standing Order requests - expiry and frequency must be indicated

Practitioner Signature:

Cheryl Mason

Date
2023-08-24

Requisition is valid for one year from the date of issue.