



BRITISH  
COLUMBIA

Ministry of  
Health

# STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

Dr. Raymond McConville  
300-808 Nelson Street  
Vancouver, BC V6Z 2H2  
MSP: 26937  
Tel: 604-707-2273  
Fax: 604-707-2250

Yellow highlighted fields  
must be completed.

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

Bill to → ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☒ OTHER: **A1813**

PERSONAL HEALTH NUMBER  
**9079-249-168**

ICBC/WorkSafeBC NUMBER

LAST NAME OF PATIENT  
**McPhie**

FIRST NAME OF PATIENT  
**Greg**

DOB **1951** **12** **10** SEX ☒ M ☐ F

Pregnant? ☐ YES ☐ NO ☐ Fasting? **12** h pc

PRIMARY CONTACT NUMBER OF PATIENT  
**(575) 635-2099**

SECONDARY CONTACT NUMBER OF PATIENT  
**(604) 922-3313**

OTHER CONTACT NUMBER OF PATIENT  
**(604) 691-6643**

ADDRESS OF PATIENT  
**P.O. Box 92052**

CITY/TOWN  
**West Vancouver**

PROVINCE  
**BC**

POSTAL CODE  
**V7V 4X4**

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

## 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)

## 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

### PSA

### 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 ☐ B-HCG - quantitative  
☐ GGT ☐ T. Protein

**1 EDTA**

**1 SST(sp)**

**1 Urine**

SIGNATURE OF PRACTITIONER

DATE SIGNED

COLLECTOR

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

DATE OF COLLECTION

TIME OF COLLECTION

INSTRUCTIONS TO PATIENTS (See reverse)  
Other instructions:

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.