

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians. It is for the use of authorized health care providers only.

COMPLETE and ACCURATE information is required in all shaded areas.

Patient Surname (from CareCard) Khoma		First Andril	Initial(s)	Date of Birth 28-Oct-1999	Sex 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 # (LYC use only)
PHN 9700318325		I.D. Number			
Patient Address 1607-1188 Richards Street		City, Province Vancouver BC	Postal Code V6B 3E8	Patient Telephone Number (604) 000-0000 (425) 241-8866	
Ordering Physician, Address, MSP Practitioner Number Dr. Gary Golds 82882 301 - 1160 Burrard St. Vancouver BC V6Z 2E8	Locum for:	C0 Number		Date/Time of Collection	Phlebotomist
	Physician _____			Date/Time/Name of Medication	
MSC # _____					
Copy to: Address, MSP Practitioner Number Dr. Sara Held J1614	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting _____ hours prior to test	<input type="checkbox"/> Phone <input type="checkbox"/> Fax	Telephone Requisition Received By: INITIALS/DATE	
Diagnosis and Indications for guideline protocol and special tests					
For tests indicated with a shaded tick box consult provincial guidelines and protocols (www.BCGuidelines.ca)					

☐ Hematology profile
☐ PT-INR ☐ On Warfarin?
☐ Ferritin (query iron deficiency)
HPE – Hemochromatosis (check ONE box only)
☐ Confirm diagnosis (ferritin first, \pm TS, \pm DNA testing)
☐ Sibling/parent is C282Y/C282Y homozygote (DNA testing)

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

- ✓ One box only. For other lipid investigations, please order under Other Tests section and provide diagnosis.
- ☐ Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting)
- ☐ Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required)
- ☐ Follow-up of treated hypercholesterolemia (ApoB only, fasting not required)
- ☐ Self-pay lipid profile (non-MSP billable, fasting)

☒ **One box only.** For other thyroid investigations, please order under **Other Tests** section and provide diagnosis.
☐ **Monitor thyroid replacement therapy (TSH Only)**
☐ **Suspected Hypothyroidism** TSH first (plus FT4 if required)
☐ **Suspected Hyperthyroidism** TSH first (plus FT4 or FT3 if required)

Sodium	<input type="checkbox"/>	Creatinine/eGFR
Potassium	<input type="checkbox"/>	Calcium
Albumin	<input type="checkbox"/>	Creatine kinase (CK)
Alk phos	<input type="checkbox"/>	PSA - Known or suspected prostate cancer (MSP billable)
ALT	<input type="checkbox"/>	PSA screening (self-pay)
Bilirubin	<input type="checkbox"/>	Pregnancy Test
GGT	<input type="checkbox"/>	Urine
T. Protein	<input type="checkbox"/>	Urine

DOI: 10.1002/pat.614 SITE

List current antibiotics: _____

☐ Throat ☐ Sputum ☐ Blood

☐ Superficial Wound Site: _____

☐ Deep Wound Site: _____

☐ Other: _____

28 weeks up

☐ Initial (smear for BV & yeast only) 30 all
☐ Chronic/recurrent (smear, culture, trichomonas)
☐ Trichomonas testing

☐ Vagino-anorectal swab ☐ Penicillin allergy

☐ CT & GC Testing
Source/site: ☐ Urethra ☐ Cervix ☐ Urine
☐ GC culture: ☐ Throat ☐ Rectal
☐ Other: _____

History of bloody stools? ☐ Yes

☐ C. difficile testing

☐ Stool culture

☐ Stool ova & parasite exam

☐ Stool ova & parasite (high risk, 2 samples)

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

☐ Yeast ☐ Fungus Site: 61-124

- ☐ Urine culture - list current antibiotics:

- ☐ Macroscopic → microscopic if dipstick positive
- ☐ Macroscopic → urine culture if pyuria or nitrite present
- ☐ Macroscopic (dipstick) ☐ Microscopic
 - ☐ Special case (if ordered together)

☒ **One box only.** For other Hepatitis Markers, please order under Other Tests section.

☐ **Acute viral hepatitis undefined etiology**
Hepatitis A (anti-HAV IgM)
Hepatitis B (HBsAg, plus anti-HBc if required)
Hepatitis C (anti-HCV)

☐ **Chronic viral hepatitis undefined etiology**
Hepatitis B (HBsAg, anti-HBc, anti-HBe)
Hepatitis C (anti-HCV)

☐ Hepatitis A (anti-HAV, total)
☐ Hepatitis B (anti-HBs)
 Hepatitis marker(s) HBsA/

☐ **HIV Serology**
(patient has legal right to choose not to have their name and address reported to public health – non-nominal reporting)

☐ **Non-nominal reporting**

☐ ECG

☐ Fecal Occult Blood (Age 50-74 asymptomatic q2y)
Copy to Colon Screening Program.

☐ Fecal Occult Blood (other indications)

Testosterone, Bioavailable Testosterone
LH, FSH, [REDACTED]
Prolactin, Macroprolactin
TSH, Free T4
AM Cortisol, [REDACTED]

Standing Order requests - expiry and frequency must be indicated

The personal information collected on this form and any medical data subsequently developed will be used and disclosed only as permitted or required by the Personal Information Protection Act (and related acts and regulations) of British Columbia. LifeLabs privacy policy is available at www.lifelabs.com. Use of this form implies consent for the use of de-identified patient data and specimens for quality assurance purposes.

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