

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)		First	Initial(s)	Last
Name: <b>Younie, David</b>				
Address: <b>NFA</b>		Font	<input type="checkbox"/> Other	
Birth Date: <b>28-Apr-1982</b>		I.D. Number		
PHN: <b>9019858233</b>		Postal Code		
Gender: <b>M</b> Chart: <b>7495</b>		Chart Number		

Referring Physician Address	Locum for:	CO Number	Date/Time of Collection	Physicianist	Referral Only
<b>Dr. D. Scott MacDonald</b>	Physician		<b>Aug 31/23 @ 1035</b>		
<b>27445 CPS# 23079</b>	MSC #		Date/Time/Name of Medication		

Copy to Address	Pregnant	<input type="checkbox"/> Fasting	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax
<b>Providence</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	hours prior to test		
<b>Crosstown Clinic</b>	Diagnosis and Indications for guideline protocol and special tests.			
<b>84 W Hastings Street</b>				
<b>Vancouver, BC V6B 1G6</b>				
<b>Tel: (604) 689-8803</b>				
<b>Fax (604) 689-3996</b>				

For tests indicated with a shaded tick box <input type="checkbox"/> consult provider	Barcode Recognition Received By
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### HEMATOLOGY

☐ Hematology profile

☐ INR ☐ On Warfarin?

☐ Ferritin (query iron deficiency)

☐ Hemochromatosis (check ONE box only)

☐ Confirm diagnosis (ferritin first, ± TSI, ± DNA testing)

☐ Sibling/parent is C282Y/C282Y homozygote (DNA testing)

### CHEMISTRY

☐ Glucose - fasting (see reverse for patient instructions)

☐ GGT - gestational diabetes screen (50 g load, 1 hour post-load)

☐ GGT - gestational diabetes evaluation (75 g load, fasting, 1 & 2 hour test)

☐ Hemoglobin A1c

☐ Aspartate aminotransferase ratio (AAR) - Urine

☐ One box only. For other lipid investigations, please order under Other Tests section and provide diagnosis.

☐ Baseline cardiovascular risk assessment or follow-up (fasting, total, LDL, non-LDL, & LDL Cholesterol, Triglycerides, fasting)

☐ Follow up of treated hypercholesterolemia (Total, LDL & non-LDL Cholesterol, fasting not required)

☐ Follow up of treated hypercholesterolemia (ApoB only, fasting not required)

☐ Self-pay lipid profile (non-MSP billable, fasting)

### THYROID FUNCTION

☐ 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)

### URINE CHEMISTRY TESTS

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

### MICROBIOLOGY

**LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR PHN & SITE**

#### ROUTINE CULTURE

List current antibiotics:

☐ Throat ☐ Sputum ☐ Blood

☐ 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)

☐ CT & GC Testing

Source/site: ☐ Urethra ☐ Cervix ☐ Urine

☐ GC culture: ☐ Throat ☐ Rectal

☐ Other:

#### STOOL SPECIMENS

History of bloody stools? ☐ Yes

☐ C. difficile testing

☐ Stool culture

☐ Stool ova & parasite exam

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

#### DERMATOPHYTES

☐ Dermatophyte culture ☐ KOH prep (direct exam)

Specimen: ☐ Skin ☐ Nail ☐ Hair

Site:

#### MYCOLOGY

☐ Yeast ☐ Fungus Site:

### URINE TESTS

☐ Urine cultures - list current antibiotics

☐ Microscopic - ☐ microscopic ☐ dipstick positive

☐ Microscopic - ☐ culture culture ☐ pyuria or leukocytes

☐ Microscopic (dipstick) ☐ microscopic

☐ ☐ Specimen (if ordered together)

### HEPATITIS SCREENING

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

☐ Screening of hepatitis unknown etiology

☐ Hepatitis A (anti-HAV IgM)

☐ Hepatitis B (HBsAg, plus anti-HBc if required)

☐ Hepatitis C (anti-HCV)

☐ Chronic viral hepatitis undetermined etiology

☐ Hepatitis B (HBsAg, anti-HBc, anti-HBe)

☐ Hepatitis C (anti-HCV)

☐ Screen for hepatitis B surface antigen

☐ Hepatitis A (anti-HAV, total)

☐ Hepatitis B (anti-HBc)

☐ Hepatitis marker(s) HBsAg

### OTHER TESTS

☐ HIV

☐ Urine pH and Specific Gravity

☐ Urine Drug Screen For:

☐ Amphetamine

☐ Benzodiazepine

☐ Cocaine

☐ Opiate

☐ Methadone Metabolite

☐ Confirmation of Opiates, Hydromorphone, and Fentanyl

☐ Pregnancy Test (If Female)