

Other Instructions:

STANDARD OUT-PATIENT ORDERING PRACTITIONER ADDRESS, PHONE, MSP PRACTITIONER NUMBER LABORATORY REQUISITION Dr. Craig Jacobsen

	300-808 Neis	300-808 Nelson Street					
Yellow highlighted fields must be completed. For tests indicated with a blue tick https://www2.gov.bc.ca/gov/conte	MSP: 23604	MSP: 23604					
must be completed.)	Tel: 604-707-2273 Fax: 604-707-2250		
				I .			
PERSONAL HEALTH NUMBER 9087-093-566				LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:			
LAST NAME OF PATIENT FIRST NAME OF PATIENT PAD 2				Control of the contro			
Jagdeep S.				If this is a STAT order please provide contact telephone number:			
1980 05 14 SX M F	Pregnant? YES NO Fasting? hpc			Copy to PRACTITIONER,	Copy to PRACTITION ER/MSP Practitioner Number:		
(778) 998-5982 (604) 374-5	T NUMBER OF PATIENT	OTHER C	ONTACT NUMBER OF PATIENT	Copy to PRACTITIONER/	MSP Practitioner N	umber:	
614 Windsor Rd E		-	North Vancouver		PROVINCE	POSTAL CODE	
DIAGNOSIS			CURRENT MEDICATIONS/DATE		BC	V7N 1K7	
HEMATOLOGY		DOIN	E TECTO				
★ Hematology profile On Anticoagulant? Yes No	No Macroscopic – microscopic if dipstick positive			CHEMISTRY			
INR Specify:				 ☑ Glucose – fasting (see reverse for patient instructions) ☐ Glucose – random 			
Ferritin (query iron deficiency) HFE - Hemochromatosis (check ONF box only) Macroscopic (dipstick) Ma				GTT - gestational d	☐ GTT – gestational diabetes screen (50 g load, 1 hour post-load) ☐ GTT – gestational diabetes confirmation (75 g load, fasting, 1 hou & 2 hour test) ☐ GTT – non-gestational diabetes		
			oscopic required:	☐ GTT – gestational d			
Sibling/parent is C282Y/C282Y homozygote (DNA testing)	,,						
				Hemoglobin A1c			
MICROBIOLOGY - LABEL ALL SPECIMENS WITH PATE			N& SITE	Albumin/creatinine	ratio (ACR) - Urine	!	
On Antibiotics? Yes No Specify:	HEPATITIS SEROLOGY Acute viral hap litis undefined etiolo			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 discumptions.		
Throat Sputum Blood Urine Hepatitis A (anti- AV IgM) Hepatitis B (HBsA) Superficial Wound, Site: (patitis C (anti- V)				Note: Fasting is not reg			
			V)I	specifically instruct pati			
Deep Wound, Site:				le.g. history of triglyceri	[e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory requirements.		
Other:				Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol.			
VAGINITIS Hepatit Marti-HCV)			inti-HRs)	& triglycerides (Base	& 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.		
☐ Initial (smear for BV & yeast only) ☐ Chronic/recurrent (smear, culture, trichomonas)	Investigation of hepatitis immunity at Hepatitis A (anti-HAV, total) Hepatitis B (anti-HB:			Apo B (not available			
Trichomonas testing				complex dyslipidem			
GROUP 8 STREP SCREEN (Pregnancy only) Vagino-anorectal swab Penicillin allergy							
CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT	Hepatitis marker(s)	Hepatitis marker(s) HBsAg					
Source/site: Urethra Cervix Urine (For other hepatitis markers			e order specific tests) below) Monitor thyroid replacement therapy (TSH Only) Suspected Hypothyroidism (TSH first, ff4 if indicated)			TSH Only)	
☐ Vagina ☐ Throat ☐ Rectum	_ Throat				X Suspected Hyperthyroidism (TSH first, f14 & f13 if indicated)		
(patient has the legal right to choose not to have their name and				OTHER CHEMISTRY TES			
ource/site: ☐ Cervix ☐ Heethra ☐ Throat ☐ Bassing address reported to public health = non-nominal reporting)				Sodium	The state of the s		
Other				(SP) Alburnata	Albumin Creatine kinase (CK)		
FOOL SPECIMENS OTHER TESTS – Standing Orders Include expiry & frequency				—— L.J Alk phos	Alk phos PSA – Known or suspected prostate cancer (MSP billable)		
istory of bloody stools? Yes ECG				X 812			
Stool ova & parasite (high risk, submit 2 samples)	FIT (Age 50-74 asym)	ptomatic q2	y) Copy to Colon Screening Proj		Pregnancy te		
DERMATOPHYTES	FIT No copy to Colon	Screening !	Program	L 001 .	☐ ß-HCG – qua		
Dermatophyte culture KOH prep (direct exam)	fecal fat test				· · · · · · · · · · · · · · · · · · ·		
Specimen: Skin Nail Hair	marcant electrobute	10010					
MYCOLOGY							
Yeast Fungus Site:	SIGNATURE OF PRACTITIO	NER					
	Chi				DATE SIG		
DATE OF COLLECTION TIME OF COLLECTION	COLLECTOR TEL			TELEPHONE REQUISITION REC	EPHONE REQUISITION RECEIVED BY: (employee/date/time)		
NSTRUCTIONS TO PATIENTS (See reverse)	L		<u> </u>				

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