

STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

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V6Z 2H2
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Yellow highlighted fields
must be completed.

For tests indicated with a blue tick box, consult provincial guidelines and protocols (www.BCGuidelines.ca)
<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines>

Bill to → ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☒ OTHER: **A4174**

PERSONAL HEALTH NUMBER

9698-170-222

ICBC/WorkSafeBC NUMBER

LAST NAME OF PATIENT

Leo

FIRST NAME OF PATIENT

Donald Paul

DOB YYYY MM DD
1965 12 08

SEX

☒ M ☐ F

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

PRIMARY CONTACT NUMBER OF PATIENT

(778) 887-9366

SECONDARY CONTACT NUMBER OF PATIENT

OTHER CONTACT NUMBER OF PATIENT

ADDRESS OF PATIENT

1105-535 Nicola Street

CITY/TOWN

Vancouver

PROVINCE

BC

POSTAL CODE

V6G 3G3

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

☐ to Colon Screening Program

Vitamin D 25OH, AST, Fasting Insulin (if concern for impaired glucose control), Uric Acid, PSA

1 EDTA 2 SST (sp) 1 SST (clot) 2 urine

SIGNATURE OF PRACTITIONER

[Signature]

DATE SIGNED

2023 - 06 - 07

DATE OF COLLECTION

TIME OF COLLECTION

Aug 31

7:45

COLLECTOR

AT

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

INSTRUCTIONS TO PATIENTS (See reverse)
Other instructions: