

STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

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300-808 Nelson Street

MSP: 82585

Tel: 604-707-2273

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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:

PERSONAL HEALTH NUMBER

9064-853-612

ICBC/WorkSafeBC NUMBER

LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:

LAST NAME OF PATIENT

Louis

FIRST NAME OF PATIENT

Robert

If this is a STAT order please provide contact telephone number:

DOB YYYY MM DD
1944 12 12

SEX

☒ M ☐ F

Pregnant? ☐ YES ☐ NO ☐ Fasting? _____ h pc

Copy to PRACTITIONER/MSP Practitioner Number:

PRIMARY CONTACT NUMBER OF PATIENT

(604) 418-5915

SECONDARY CONTACT NUMBER OF PATIENT

(604) 926-7283

OTHER CONTACT NUMBER OF PATIENT

Copy to PRACTITIONER/MSP Practitioner Number:

Anthony Gador - 34402

ADDRESS OF PATIENT

5011 Howe Sound Lane

CITY/TOWN

West Vancouver

PROVINCE

BC

POSTAL CODE

V7W 1L3

DIAGNOSIS

Ferritin 611 with elevated iron and iron saturation

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

EDTAX 1
SST+1

SIGNATURE OF PRACTITIONER

COLLECTOR

DATE SIGNED

2023 - 08 - 29

DATE OF COLLECTION

AUG 31 2023

TIME OF COLLECTION

0835

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

INSTRUCTIONS TO PATIENTS (See reverse)

Other instructions: