



BRITISH
COLUMBIA

Ministry of
Health

STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

Alisha Gebhardt
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Vancouver BC, V7L 0E5 CA
604-669-2273

Yellow highlighted fields
must be completed.

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

Bill to: ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☒ OTHER: **A8269**

39858

PERSONAL HEALTH NUMBER

9854596456

ICBC/WorkSafeBC NUMBER

LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:

LAST NAME OF PATIENT

Horne

FIRST NAME OF PATIENT

Jonathan

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

DOB YYYY MM DD
2000 10 11

SEX

☒ M ☐ F

Pregnant? ☐ YES ☐ NO Fasting? _____ h pc

Copy to PRACTITIONER/MSP Practitioner Number:

PRIMARY CONTACT NUMBER OF PATIENT

SECONDARY CONTACT NUMBER OF PATIENT

+1 519 466 7447

OTHER CONTACT NUMBER OF PATIENT

Copy to PRACTITIONER/MSP Practitioner Number:

ADDRESS OF PATIENT

3809 Emerald Dr.

CITY/TOWN

North Vancouver

PROVINCE

BC

POSTAL CODE

V7R 3B6

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: ☐ Vagina ☐ 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

HIV

Hep C

Syphilis

Vit D

SIGNATURE OF PRACTITIONER

DATE SIGNED

2023-08-31

DATE OF COLLECTION

AUG 31 2023

TIME OF COLLECTION

0900

COLLECTOR

MC

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

INSTRUCTIONS TO PATIENTS (See reverse)

Other instructions:

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.