

**COMPLETE and ACCURATE information is required in all shaded areas.**

Patient Surname (from CareCard) <b>Moore</b>		First <b>Martin</b>	Initial(s) <b></b>	Date of Birth <b>22</b> DAY <b>08</b> MONTH <b>1961</b> YEAR	Sex <input type="checkbox"/> F <input checked="" type="checkbox"/> M
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Other <b>A8269</b>				Chart Number	Room # (LTC use only)
PHN <b>9067301962</b>		I.D. Number			
Patient Address <b>7955 North Fraser Way</b>		City, Province <b>Burnaby BC</b>	Postal Code <b>V5J 0A4</b>	Patient Telephone Number <b>+1 604 417 +1 604 417 +1 604 874</b>	
Ordering Physician, Address, MSP Practitioner Number <b>Dr. Saad Jabbour</b> <b>138 13th Street East, Suite</b> <b>26270</b>		Locum for:  Physician  MSC #	C0 Number  <b>AUG 31 2023 0926</b>	Date/Time of Collection <b>0926</b>	Phlebotomist <b>MC</b>
Copy to: Address, MSP Practitioner Number		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting hours prior to test	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <b>604-669-... 604-913-3200</b>	Telephone Requisition Received By:  INITIAL/DATE
Diagnosis and indications for guideline protocol and special tests					
For tests indicated with a shaded tick box <input type="checkbox"/> , consult provincial guidelines and protocols ( <a href="http://www.BCGuidelines.ca">www.BCGuidelines.ca</a> )					

### 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)

### 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

### 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 circumstances [e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory requirements.  
☒ Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol, & 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 test below and provide diagnosis  
☒ Monitor thyroid replacement therapy (TSH Only)  
☐ Suspected Hypothyroidism (TSH first, FT4 if indicated)  
☐ Suspected Hyperthyroidism (TSH first, FT4 & FT3 if indicated)

### OTHER CHEMISTRY TESTS

☐ Sodium ☒ Creatinine/eGFR  
☐ Potassium ☐ Calcium  
☐ Albumin ☐ Creatine kinase (CK)  
☐ Alk phos ☐ PSA - Known or suspected prostate cancer (MSP billable)  
☒ ALT ☐ PSA screening (self-pay)  
☒ B12 ☐ Pregnancy Test  
☐ Bilirubin ☐  $\beta$ -HCG - quantitative  
☐ GGT

### MICROBIOLOGY

LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR 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: \_\_\_\_\_

### URINE TESTS

☒ Macroscopic  $\rightarrow$  microscopic if dipstick positive  
☐ Macroscopic  $\rightarrow$  urine culture if pyuria or nitrite present  
☐ Macroscopic (dipstick) ☐ Microscopic  
\*Clinical information for microscopic required: \_\_\_\_\_

### 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

☐ 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

### AST, Vit D, PSA

**SSTx2**  
**EDTAx1**  
**urine x1**

Standing Order requests - expiry and frequency must be indicated  
Practitioner Signature: \_\_\_\_\_

Date  
**2023-08-31**  
Requisition is valid for one year from the date of issue.