

Outpatient Laboratory Requisition

Laboratory Medicine

(Anatomical Pathology requisitions - see separate form)

Grey highlighted fields must be completed to avoid delays to specimen collection and patient processing.

For tests indicated with a grey tick box ☐ consult provincial guidelines and protocols (www.BCGuidelines.ca).

Bill to: ☒ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER: _____

PHN NUMBER
9013823733

ICBC/WorkSafeBC/RCMP NUMBER

SURNAME OF PATIENT
Longhurst

FIRST NAME OF PATIENT
John

DOB: YYYY MM DD
1950 05 03
SEX: M

Pregnant? ☐ YES ☐ NO Fasting? _____ h pc

TELEPHONE NUMBER OF PATIENT
(604) 812-3550 ext. CELL

CHART NUMBER

ADDRESS OF PATIENT
32-2246 FOLKESTONE WAY

CITY/TOWN
WEST VANCOUVER BC
PROVINCE
V7S 2X7

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

ORDERING PHYSICIAN, ADDRESS
MSP PRACTITIONER NUMBER

Dr. Ben Schroeder 64690
200 - 1333 Lonsdale Ave.
North Vancouver BC, Canada V7M 2H7
LOCUM FOR PHYSICIAN

MSP PRACTITIONER NUMBER
64690

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

Copy to Physician/Address MSP Practitioner Number
Cheryl R. Mason 04531

Dr. Bouchier - 63170

HEMATOLOGY

- ☐ Hematology profile
- ☐ PT-INR ☐ On warfarin?
- ☐ Ferritin (query iron deficiency)
- HFE - Hemochromatosis (check ONE box only)
 - ☐ Confirm diagnosis (ferritin first ± TS, ± DNA testing)
 - ☐ Siblings are C282Y/C282Y homozygote (DNA testing)

MICROBIOLOGY - label all specimens with patient's first, last name, DOB, street, PHN & site

ROUTINE CULTURE

List current antibiotics:

- ☐ Throat ☐ Sputum ☐ Blood ☐ Urine
- ☐ Superficial Wound ☐ 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-ano-rectal swab ☐ Penicillin allergy

CHLAMYDIA (CT) & GONORRHEA (GC)

- ☐ CT & GC testing
- Source/site: ☐ Urethra ☐ Cervix ☐ Urine
- ☐ GC culture: ☐ Throat ☐ Rectal
- ☐ Other: _____

STOOL SPECIMENS

- History of bloody stools? ☐ Yes ☐ No
- ☐ C. difficile testing
- ☐ Stool culture
- ☐ Stool ova & parasite exam
- ☐ Stool ova & parasite (high risk, 2 samples)

DERMATOPHYTES

- ☐ Dermatophyte culture
- Specimen: ☐ Skin ☐ Nail ☐ Hair
- Site: _____

MYCOLOGY

- ☐ Yeast ☐ Fungus Site: _____

DATE OF COLLECTION

TIME OF COLLECTION

AUG 31/21 7:45 AM

INSTRUCTIONS TO PATIENTS (see reverse)

Other instructions:

URINE TESTS

- ☐ Urine culture - list current antibiotics:
- ☐ Macroscopic → microscopic if dipstick positive
- ☐ Macroscopic → urine culture if pyuria or nitrite present
- ☐ Microscopic (dipstick) ☐ Microscopic
- ☐ Special stain (if ordered by provider)
- ☐ Pregnancy test

HEPATITIS SEROLOGY

- ☐ Acute viral hepatitis undefined etiology
- ☐ Hepatitis A (anti-HAV IgM)
- ☐ Hepatitis B (HBsAg + anti-HBc)
- ☐ Hepatitis C (Anti-HCV)
- ☐ Chronic viral hepatitis (anti-HBc IgG)
- ☐ Hepatitis B (HBsAg, anti-HBc, anti-HBe)
- ☐ Hepatitis C (anti-HCV)

Investigation of hepatitis (anti-HAV, total)

- ☐ 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 legal right to choose nominal or non-nominal reporting)
- ☐ Nominal reporting ☐ Non-nominal reporting

CHEMISTRY

- ☐ Glucose - fasting (see reverse for patient instructions)
- ☐ GTT - gestational diabetes screen (50 g load, 1 hour post-load)
- ☐ GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
- ☐ Hemoglobin A1c
- ☐ Albumin/creatinine ratio (ACR) - urine

LIPIDS

- ☒ one box only. For other lipid investigations, please order specific tests below and provide diagnosis.
- ☐ Baseline cardiovascular risk assessment or follow-up (lipid profile, Total, HDL & LDL Cholesterol, Triglycerides, fasting)
- ☐ Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required)
- ☐ Follow-up of treated hypercholesterolemia (ApoB only, fasting not required)
- ☐ Self-pay lipid profile (non-MSP billable, fasting)

THYROID FUNCTION

For other thyroid investigations, please order specific tests below and provide diagnosis.

- ☐ Suspected Hypothyroidism (TSH first +/-T4)
- ☐ Suspected Hyperthyroidism (TSH first +/-T4, +/-T3)
- ☐ Monitor thyroid replacement therapy (TSH only)

OTHER CHEMISTRY TESTS

- ☐ Sodium ☐ Albumin ☐ Creatinine / eGFR
- ☐ Potassium ☐ Alk phos ☐ Calcium
- ☐ ALT ☐ Creatinine kinase (CK)
- ☐ Bilirubin ☐ PSA - Known or suspected prostate cancer (MSP billable)
- ☐ GGT ☐ PSA screening (self-pay)
- ☐ T. Protein

OTHER TESTS

Standing order requests expiry & frequency must be indicated

☐ ECG

- ☐ Fecal Occult Blood (Age 50 - 74 asymptomatic q2y) Copy to Colon Screening Program
- ☐ Fecal Occult Blood (Other indicators)

A1C, Na, K, Creatinine, eGFR Q 3 months x 1 year
Urine ACR once

SIGNATURE OF PHYSICIAN

DATE SIGNED

28-Aug-2023

PHLEBOTOMIST

TELEPHONE REQUISITION RECEIVED BY (employee/date/time)