

STANDARD OUT-PATIENT ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER **LABORATORY REQUISITION** Dr. Momir Pantelic 300-808 Nelson Street Vancouver, BC V6Z 2H2 Yellow highlighted fields For tests indicated with a blue tick box 🕒, consult provincial guidelines and protocols (www.BCGuidelines.ca) must be completed. https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines MSP: 60814 Tel: 604-707-2273 ☐ ICBC ☐ WorkSafe8C □ PATIENT OTHER: A1813 Fax: 604-707-2250 PERSONAL HEALTH NUMBER ICBC/WorkSafeBC NUMBER LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER: 9796-197-466 LAST NAME OF PATIENT FIRST NAME OF PATIENT if this is a STAT order please provide contact telephone number: MacKinnon Donald DOS YYYY SEX Copy to PRACTITIONER/MSP Practitioner Number: 1982 ; 05 X M F 25 Pregnant? YES NO ☐ Fasting? hpc PRIMARY CONTACT NUMBER OF PATIENT SECONDARY CONTACT NUMBER OF PATIENT OTHER CONTACT NUMBER OF PATIENT Sopy to PRACTITIONER/MSP Practitioner Number: (604) 880-4621 ADDRESS OF PATIENT CITY/TOWN PROVINCE POSTAL CODE 1869 Adanac St. Vancouver BC V5L 2E1 DIAGNOSIS CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE **HEMATOLOGY URINE TESTS CHEMISTRY** Hematology profile On Anticoagulant? Yes No Glucose – fasting (see reverse for patient instructions) Macroscopic → microscopic if dipstick positive ☐ INR Glucose – random X Macroscopic → urine culture if pyuria or nitrite present Ferritin (query iron deficiency) GTT – gestational diabetes screen (50 g load, 1 hour post-load) Macroscopic (dipstick) | Microscopic * HFE - Hemochromatosis (check ONE box only) ☐ GTT -- gestational diabetes confirmation (75 g load, fasting, 1 hour * Clinical information for microscopic required: Confirm diagnosis (ferritin first, \pm TS, \pm DNA testing) & 2 hour test) Sibling/parent is C282Y/C282Y homozygote (DNA testing) GTT - non-gestational diabetes Hemoglobin Atc MICROBIOLOGY - LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, PHN & SITE ☐ Albumin/creatinine ratio (ACR) - Urine **ROUTINE CULTURE** LIPIDS **HEPATITIS SEROLOGY** On Antibiotics? Yes No Specify: Acute viral hepatitis undefined etiology Z one bax only Hepatitis A (anti-HAV IgM) Note: Fasting is not required for any of the panels but clinician may ☐ Throat ☐ Sputum ☐ Blood ☐ Urine Hepatitis 8 (HBsAg ± anti-HBc) specifically instruct patient to fast for 10 hours in select circumstances Superficial Wound, Site: ___ Hepatitis C (anti-HCV) [e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory Deep Wound, Site: ___ requirements. Chronic viral hepatitis undefined etiology X Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol, Other: Hepatitis B (HBsAg; anti-HBc; anti-HBs) & triglycerides (8aseline or Follow-up of complex dyslipidemia) VAGINITIS Hepatitis C (anti-HCV) Follow-up Lipid Profile - Total, HDL & non-HDL cholesterol only Initial (smear for BV & yeast only) Apo B (not available with lipid profiles unless diagnosis of Investigation of hepatitis immune status Chronic/recurrent (smear, culture, trichomonas) complex dyslipidemia is Indicated) X Hepatitis A (anti-HAV, Hepatitis B (anti-HBs) Trichomonas testing Hepatitis A (anti-HAV, total) GROUP B STREP SCREEN (Pregnancy only) THYROID FUNCTION For other thyroid investigations, please order specific tests below and ☐ Vagino-anorectal swab Penicillin allergy Hepatitis marker(s) provide diagnosis. CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT H8sAg X Monitor thyroid replacement therapy (TSH Only) Source/site: Urethra Cervix Wurine (For other hepatitis markers, please order specific test(s) below) Suspected Hypothyroidism (TSH first, fT4 if Indicated) ☐ Vagina ☐ Throat ☐ Rectum Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated) X HIV Serology Other . OTHER CHEMISTRY TESTS (patient has the legal right to choose not to have their name and **GONORRHEA (GC) CULTURE** Sodium 🔲 Creatinine / eGFR address reported to public health = non-nominal reporting) Source/site: Cervix Urethra Throat Rectum Potassium ☐ Calcium ■ Non-nominal reporting Albumin Creatine kinase (CK) Alk phos OTHER TESTS - Standing Orders include expiry & frequency PSA - Known or suspected prostate ALT B12 STOOL SPECIMENS cancer (MSP billable) History of bloody stools? PSA screening (self-pay) ☐ Bilirubin C.difficile testing Stool culture Stool ova & parasite exam FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program Pregnancy test Stool ova & parasite (high risk, submit 2 samples) FIT No copy to Colon Screening Program ☐ B-HCG - quantitative T. Protein DERMATOPHYTES Syphilis Serology; Hepatitis C Serology; AST; 25 (OH) Vitamin D; fasting insulin; PSA ☐ KOH prep (direct exam) Dermatophyte culture Specimen: Skin ☐ Hair MYCOLOGY Yeast ☐ Fungus Site: DATE SIGNED

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L MINRY

COLLECTOR

DATE OF COLLECTION

INSTRUCTIONS TO P Other Instructions

TIME OF COLLECTION

2023 - 08 - 24

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