



BRITISH
COLUMBIA

Ministry of
Health

STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

Dr. Momir Pantelic
300-808 Nelson Street
Vancouver, BC V6Z 2H2
MSP: 60814
Tel: 604-707-2273
Fax: 604-707-2250

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: **A1813**

PERSONAL HEALTH NUMBER
9796-197-466

LAST NAME OF PATIENT
MacKinnon

DOB **1982 05 25**

SEX ☒ M ☐ F

FIRST NAME OF PATIENT
Donald

Pregnant? ☐ YES ☐ NO ☐ Fasting? ☒ hpc

PRIMARY CONTACT NUMBER OF PATIENT
(604) 880-4621

SECONDARY CONTACT NUMBER OF PATIENT

OTHER CONTACT NUMBER OF PATIENT

ADDRESS OF PATIENT
1869 Adanac St.

CITY/TOWN
Vancouver

PROVINCE
BC

POSTAL CODE
V5L 2E1

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: ☐ 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

Syphilis Serology; Hepatitis C Serology; AST; 25 (OH) Vitamin D; fasting insulin; PSA

SSH (SP), US+ (C), 2 June, 18:00
SIGNATURE OF PRACTITIONER

DATE SIGNED

2023 - 08 - 24

DATE OF COLLECTION

TIME OF COLLECTION

COLLECTOR

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.