ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

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Yellow highlighted fields must be completed.

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

Bill to → [X] MSP [ ] ICBC [ ] WorkSafeBC [ ] PATIENT [ ] OTHER: _____

PERSONAL HEALTH NUMBER	ICBC/WorkSafeBC NUMBER	LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:
9068461095		

LAST NAME OF PATIENT	FIRST NAME OF PATIENT	If this is a STAT order please provide contact telephone number:
SPENCER	DEBORAH GAIL	

DOB YYYY MM DD	SEX		Copy to PRACTITIONER/MSP Practitioner Number:
1952/04/15	F	Pregnant? [ ] YES [ ] NO [ ] Fasting? _____ h pc	

PRIMARY CONTACT NUMBER OF PATIENT	SECONDARY CONTACT NUMBER OF PATIENT	OTHER CONTACT NUMBER OF PATIENT	Copy to PRACTITIONER/MSP Practitioner Number:
604-754-9818			-

ADDRESS OF PATIENT: 424-9847 Manchester DR, Burnaby, BC V3N 4P4

CITY/TOWN:

DIAGNOSIS: screening

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE:

HEMATOLOGY

[X] Hematology profile
[ ] INR **PT-INR**
[ ] Ferritin (query iron deficiency)

On Anticoagulant? [ ] Yes [ ] No
Specify: _____

HFE - Hemochromatosis (check ONE box only)
[ ] Confirm diagnosis (ferritin first, ± TS, ± 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
[X] 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 ± 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

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.
[X] 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 tests 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
[X] Sodium
[X] Potassium
[ ] Albumin
[ ] Alk phos
[ ] ALT
[ ] B12
[ ] Bilirubin
[ ] GGT
[ ] T. Protein
[X] Creatinine / eGFR
[ ] Calcium
[ ] Creatine kinase (CK)
[ ] PSA – Known or suspected prostate cancer (MSP billable)
[ ] PSA screening (self-pay)
[ ] Pregnancy test
[ ] ß-HCG – quantitative

OTHER TESTS – Standing Orders Include expiry & frequency

[ ] ECG
[X] FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program
[ ] FIT No copy to Colon Screening Program

SIGNATURE OF PRACTITIONER	DATE SIGNED
"Electronically signed"	2023-03-24

DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR	TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)

No fasting required.