



**CHILDREN'S & WOMEN'S HEALTH
CENTRE OF BRITISH COLUMBIA**
An agency of the Provincial Health Services Authority

L1050 LABORATORY REQUISITION - OUTPATIENTS ONLY

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

Label all specimens with patient's first & last name, DOB / PHN & site

ORDERING PHYSICIAN: ADDRESS, MSP PRACTITIONER NUMBER

LOCUM FOR PHYSICIAN:

MSP PRACTITIONER NUMBER

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

Copy to Physician/MSP Practitioner Number:

DIAGNOSIS

PATIENT'S NAME:

LAST

FIRST

INITIAL

PHN: #

BIRTHDATE:

SEX

DAY

MO

YR

M

F

ADDRESS:

CITY:

POSTAL CODE:

TELEPHONE:

ELIGIBLE FOR MSP BILLING? YES NO

IF NO, PROVIDE BILLING INFO

BILL TO: PATIENT

ICBC

WCB

OTHER:

INSTRUCTIONS TO PATIENT:

IS PATIENT PREGNANT?

YES NO

DAY MO YR

DLMP

DAY MO YR

EDC

DAY MO YR

FASTING: _____ HOURS PRIOR TO TEST.

OTHER: _____

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

PROVINCIAL GUIDELINES/PROTOCOLS SHOULD BE CONSULTED FOR TESTS IN BLUE SHADED BOXES (www.bcguidelines.ca)

HEMATOLOGY

- Hematology profile
- PT-INR
- List current anticoagulants: _____
- Ferritin (query iron deficiency)
- HFE — Hemochromatosis (✓ ONE box only)
- Confirm diagnosis (ferritin, ± TS, ± DNA testing)
- Sibling/parent is C282Y/C282Y homozygote (DNA testing)

URINE TESTS

- Urine culture - list current antibiotics: _____
- Macroscopic → microscopic if dipstick positive
- Macroscopic → urine culture if pyuria or nitrite present
- Macroscopic (dipstick) Microscopic
- Special case (if ordered together)

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)
- Hemoglobin A1c
- Albumin/creatinine ratio (Urine)

MICROBIOLOGY

ROUTINE CULTURE

- List current antibiotics: _____
- Throat Sputum Blood Urine
- Superficial Deep
- Wound Wound
- Site: _____
- Other: _____

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)
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 the public health = non-nominal reporting)

- Non-nominal reporting

LIPIDS

- ✓ **One box only. For other lipid investigations, please order specific tests below and provide diagnosis.**
- FASTING**
- Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides)
- Self-pay lipid profile (non-MSP billable)
- NON-FASTING**
- Follow-up treated hypercholesterolemia (Total, HDL & non HDL Cholesterol)
- Follow-up treated hypercholesterolemia (Apo B only)

THYROID FUNCTION

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

- Suspected Hypothyroidism (TSH first ±fT4)
- Suspected Hyperthyroidism (TSH first ±fT4, ±fT3)
- Monitor thyroid replacement therapy (TSH Only)

OTHER CHEMISTRY TESTS

- Sodium Creatinine (includes eGFR on adults)
- Potassium Calcium
- Albumin Creatine Kinase (CK)
- Alk phos GGT
- ALT Total Protein
- Bilirubin Pregnancy Test:
- PSA screening (self-pay) serum urine
- PSA known or suspected prostate cancer (MSP billable)

OTHER TESTS

- Fecal Occult Blood (Ages 50-75 q2y) Copy to Colon Screening Program — Not Available at C&W
- Fecal Occult Blood (Other indications)

Standing order requests - expiry & frequency must be indicated

DERMATOPHYTES

- Dermatophyte culture KOH prep (direct exam)
- Specimen: Skin Nail Hair
- Site: _____

MYCOLOGY

- Yeast Fungus Site: _____

LAB USE ONLY

REQUEST #	VISIT#
DATE OF COLLECTION	TIME OF COLLECTION

SIGNATURE OF PHYSICIAN	DATE SIGNED
PHLEBOTOMIST (MLA)	BAR CODE

CHILDREN'S & WOMEN'S HEALTH CENTRE OF BRITISH COLUMBIA

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
4500 OAK STREET, VANCOUVER, B.C. V6H 3N1
TELEPHONE: (604) 875-2139

OUTPATIENT LABORATORIES

ROOM 2F40, Main Lab, Children's Hospital 0700 - 1800 HOURS, MONDAY TO FRIDAY

ROOM K0-137, Ambulatory Care Building 0830 - 1600 HOURS, MONDAY TO FRIDAY

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.

NOTE:

A) Glucose Tolerance Tests - Diet and activity should be normal for at least 3 days before the test and there should be no acute infection, fever or other physiological stresses. A number of medications can interfere. Consult laboratory for information. Patient should fast for 8 - 10 hours before the test and abstain from smoking, caffeine and alcohol. If necessary, small sips of water are allowed. The standard glucose tolerance test load is 75g for pregnant women and non-pregnant adults. **Test duration is approximately 2-1/2 hours. Patient is required to remain in the lab during testing.** Pediatric glucose is no longer routinely done in the outpatient laboratory. Special requests require prior consultation with the Biochemist.

B) Lipid testing - A minimum 8 hour fast is required unless request is for non fasting tests. Testing should not be done within 1 month after acute illness, 3 months after acute myocardial infarction, 6 months after pregnancy or while breast feeding. **For lipid tests in children or clinical indications not covered by check boxes, please provide the clinical indication for testing on the requisition. Consult the Biochemist prior to requesting lipid tests on children less than 2 years old or pregnant women.**

C) TSH is the primary test for checking for thyroid disease. Additional tests will be considered if there is a written indication. Requests for additional tests are reviewed by the Biochemist and checked for compliance with the Clinical Practice Guidelines on Thyroid Testing. Please consult the Laboratory for further information.

D) Drug assays - For most drugs blood should be sampled just before a scheduled dose of medication (trough level). Peak drug levels, if required, are collected at a specified interval after the dose (interval varies with drug preparation). Information about timing of levels is available from the laboratory. Time of last dose is essential for interpreting any drug level.

E) Sweat tests must be booked with the laboratory. Sweat collection requires a minimum of 1 hour. Adequate fluid intake (good hydration) before and during the test and wearing extra warm clothing during the test are recommended to ensure collection of sufficient sweat. Avoid using creams, ointments, gel or lotions or any topical products on the arms.

For most recent information on laboratory tests offered at Children's and Women's Health Centre of British Columbia please refer to the eLab Handbook online at www.elabhandbook.info/phsa