



**OUTPATIENT Laboratory Requisition**  
Please present your Care Card with each visit



ORDERING PHYSICIAN: ADDRESS, MSP PRACTITIONER NUMBER

Highlighted fields must be completed to avoid delays in specimen collection and patient processing

For tests indicated with a shaded tick box  consult provincial guidelines and protocols ([www.BCGuidelines.ca](http://www.BCGuidelines.ca))

Bill to  MSP  ICBC  WorkSafeBC  Patient  Other  
PHN NUMBER

ICBC/WorkSafeBC/RCMP NUMBER

SURNAME OF PATIENT

FIRST NAME OF PATIENT

DOB YYYY MM DD

SEX

Pregnant?  Yes  No Fasting? \_\_\_\_\_ h pc

TELEPHONE NUMBER OF PATIENT

CHART NUMBER

ADDRESS OF PATIENT

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

LOGUM FOR PHYSICIAN:

MSP PRACTITIONER NUMBER:

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

Copy to Physician/MSP/Practitioner Number:

CITY/TOWN

PROVINCE

HEMATOLOGY	URINE TESTS	CHEMISTRY
<input type="checkbox"/> Hematology profile <input type="checkbox"/> PT-INR <input type="checkbox"/> on Warfarin? <input type="checkbox"/> Ferritin (query iron deficiency) <b>HFE – hemochromatosis (check ONE box only)</b> <input type="checkbox"/> Confirm diagnosis (ferritin first, +/- TS, +/- DNA testing) <input type="checkbox"/> Sibling/parent is C282/C282Y homozygote (DNA testing)	<input type="checkbox"/> Urine culture – list current antibiotics:  <input type="checkbox"/> Macroscopic → microscopic if dipstick positive <input type="checkbox"/> Macroscopic → urine culture pyuria or nitrite present <input type="checkbox"/> Macroscopic (dipstick) <input type="checkbox"/> Microscopic <input type="checkbox"/> Special case (if ordered together) <input type="checkbox"/> Pregnancy test	<input type="checkbox"/> Glucose – fasting (see reverse for patient instructions) <input type="checkbox"/> Glucose _____ hours post-meal <input type="checkbox"/> GTT – gestational diabetes screen (50 g load, 1 hour post-load) <input type="checkbox"/> GTT – gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test) <input type="checkbox"/> GTT – non pregnant <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine
MICROBIOLOGY – label all specimens with patient's first and last name, DOB and/or PHN & site		
<b>ROUTINE CULTURE</b> List current antibiotics: _____  <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial <input type="checkbox"/> Deep Wound           Wound Site: _____  <input type="checkbox"/> Other: _____  <b>VAGINITIS</b> <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing  <b>GROUP B STREP SCREEN (Pregnancy only)</b> <input type="checkbox"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy  <b>CHLAMYDIA (CT) &amp; GONORRHEA (GC)</b> <input type="checkbox"/> CT & GC testing Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> GC culture: <input type="checkbox"/> Throat <input type="checkbox"/> Rectal <input type="checkbox"/> Other: _____  <b>STOOL SPECIMENS</b> History of bloody stools? <input type="checkbox"/> Yes <input type="checkbox"/> C. difficile testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool ova & parasite exam <input type="checkbox"/> Stool ova @ parasite (high-risk, 2 samples)	<b>HEPATITIS SEROLOGY</b> <input type="checkbox"/> <b>Acute viral hepatitis undefined etiology</b> Hepatitis A (anti-HAV igM) Hepatitis B (HBsAg, anti-HBs) Hepatitis C (anti-HCV)  <input type="checkbox"/> <b>Chronic viral hepatitis undefined etiology</b> Hepatitis B (HBsAg, anti-HBc; anti-HBs) Hepatitis C (anti-HCV)  <input type="checkbox"/> <b>Investigation of hepatitis immune status</b> Hepatitis A (anti-HAV, total) Hepatitis B (anti-HBs)  <input type="checkbox"/> <b>Hepatitis marker(s)</b> HBsAg (For other hepatitis markers, please order specific test(s) below)	<b>LIPIDS</b> <input checked="" type="checkbox"/> <b>one box only. For other lipid investigations, please order specific tests below and provide diagnosis.</b> <input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL & LDL Cholesterol, Triglycerides, fasting) <input type="checkbox"/> Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required) <input type="checkbox"/> Follow-up or treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> Self-pay lipid profile (non-MSP billable, fasting)
<b>DERMATOPHYTES</b> <input type="checkbox"/> Dermatophyte culture <input type="checkbox"/> KOH prop (direct exam) Specimen: <input type="checkbox"/> Skin <input type="checkbox"/> Nail <input type="checkbox"/> Hair Site: _____  <b>MYCOLOGY</b> <input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	<b>HIV SEROLOGY</b> (patient has legal right to choose nominal or non-nominal reporting) <input type="checkbox"/> Nominal reporting <input type="checkbox"/> Non-nominal reporting	<b>THYROID FUNCTION</b> <b>For other thyroid investigations, please order specific tests below and provide diagnosis.</b>  <input type="checkbox"/> Suspected Hypothyroidism (TSH first, +/-FT4) <input type="checkbox"/> Suspected Hyperthyroidism (TSH first, +/-FT4, +/-FT4, +/-FT3) <input type="checkbox"/> Monitor thyroid replacement therapy (TSH only)
<b>OTHER CHEMISTRY TESTS</b> <input type="checkbox"/> Sodium <input type="checkbox"/> Creatinine / eGFR <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input type="checkbox"/> Albumin <input type="checkbox"/> Creatine Kinase (CK) <input type="checkbox"/> Alk phos <input type="checkbox"/> PSA – MSP billable <input type="checkbox"/> ALT <input type="checkbox"/> PSA screening (self-pay) <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> T. Protein		
<b>OTHER TESTS</b> <input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (age 50-74 asymptomatic q 2y) Copy to Colon Screening Program <input type="checkbox"/> Fecal Occult Blood (other indications)		
<b>SIGNATURE OF PHYSICIAN</b>		<b>DATE SIGNED</b>
<b>PHLEBOTOMIST</b>		<b>TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)</b>
<b>DATE OF COLLECTION</b>	<b>TIME OF COLLECTION</b>	

**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.

This requisition form, when completed for tests performed by FHA Laboratories, is a medical referral to the Laboratory Physicians of FAH.

HLTH 1901 2010/11/08 Fraser Health ID LBXX1008158 Rev: March 21, 2016 Stores # 390190

**LOCATION**

**PHONE**

**ABBOTSFORD**

Abbotsford Regional Hospital & Cancer Centre, 32900 Marshal Road.  
Gateway Medical Lab, 2051 McCallum Rd.

604-851-4700 Ext. 644851  
604-870-7555

Please refer to

<http://www.fraserhealth.ca>

- Find us
- Find a service
- Type Outpatient Laboratory
- Select location

Or

[Lower Mainland Labs](http://pod/lmlabs/Pages/default.aspx)

<http://pod/lmlabs/Pages/default.aspx>

**BURNABY**

Burnaby Hospital, 3935 Kincaid Ave

604-412-6245

**CHILLIWACK**

Chilliwack General Hospital, 45600 Menholm Rd.  
Sardis Outpatient Lab, #5 - 6014 Vedder Rd.

604-795-4141 Ext. 614108  
604-824-9627

**DELTA**

Delta Hospital, 5800 Mountainview Blvd.

604-940-3431

**HOPE**

Fraser Canyon Hospital, 1275 – 7<sup>th</sup> Ave.

604-860-7702

For our most up to date Outpatient hours

**LANGLEY**

Langley Memorial Hospital, 22051 Fraser Hwy.

604-533-6403

**MAPLE RIDGE**

Ridge Meadows Hospital, 11666 Laity St.

604-463-1823

**MISSION**

Mission Memorial Hospital, 7324 Hurd St.

604-814-5115

**NEW WESTMINSTER**

Royal Columbian Hospital, 330 E. Columbia St.

604-520-4300

**PORT MOODY**

Eagle Ridge Hospital, 475 Guildford Way

604-469-3143

**SURREY**

Surrey Memorial Hospital, 13750 – 96<sup>th</sup> Ave.  
Jim Pattison Outpatient Care and Surgery Centre, 9750 140<sup>th</sup> Street

604-588-3324  
604-582-4555

**WHITE ROCK / SOUTH SURREY**

Peace Arch Hospital, 15521 Russell Ave

604-535-4500 Ext 757623

**INSTRUCTIONS FOR PATIENTS**

**FASTING TESTS INCLUDE: Fasting glucose, Glucose/Lactose Tolerance testing, Amino Acids, preferred for iron** - No food or drink for 8 hours before test except for sips of water.

**Triglycerides, Homocysteine**  
No food or drink for 10 hours before test except of sips of water.

For all tests regular medication may be taken.

**Cortisol:** You are required to rest in lab for 30 minutes before collection of your blood for Cortisol levels. AM (morning) Cortisol must be collected before 10:30 am and PM (afternoon) Cortisol are collected between 3 and 6 pm – lab staff will advise you of the time to return for you PM Cortisol. Both tests should be performed on the same day.

**THERAPEUTIC DRUG MONITORING:** Blood is usually taken just prior to the next dose. Information about time and amount of the last dose and dosing frequency is required for interpretation.

**TESTS THAT MAY REQUIRE AN APPOINTMENT, A SPECIFIC TIME OF COLLECTION OR MAY BE DONE ONLY AT CERTAIN LABS:**

Please call the Lab you plan to go to for instructions and details.  
Glucose/Lactose Tolerance Tests, H. Pylori Breath Test, Testosterone (collected 7:00 am to 10:00 am only), Special Coagulation Testing, Special Endocrine Stimulation Tests, Sweat Tests, and Bone Marrows & Needle Aspirates.

**TESTS REQUIRING SPECIAL CONTAINERS:**  
"Take specimens to the Laboratory as soon as possible."  
24 hr Urine collections                      FIT Kits  
Urine organic acids                            72 hr Fecal Fat  
Urine for Chlamydia                            Ova & Parasites  
Midstream Urine for C & S / TB                Stool for C & S  
Sputum for Acid Fast Bacilli or C & S

**ELECTROCARDIOGRAMS (ECG) & HOLTER MONITORING:**

ECGs are available at most FHA laboratory collection sites and do not require an appointment. Holter monitoring is available at most FHA Cardiology departments and require an appointment.

Exceptions:  
No ECG's - Surrey Memorial Hospital, Royal Columbian Hospital, Sardis, Sunset, & Gateway Laboratory Collection Sites  
ECG requires appointment – Eagle Ridge Hospital  
No Holter Monitoring - Mission Memorial Hospital  
Holter Monitoring performed by laboratory - Fraser Canyon Hospital