



STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

Yellow highlighted fields must be completed.

For tests indicated with a blue tick box, consult provincial guidelines and protocols (www.BCGuidelines.ca)

Bill to -> MSP ICBC WorkSafeBC PATIENT OTHER:

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

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

DOB YYYY MM DD SEX M F Pregnant? YES NO Fasting? h pc Copy to PRACTITIONER/MSP Practitioner Number:

PRIMARY CONTACT NUMBER OF PATIENT SECONDARY CONTACT NUMBER OF PATIENT OTHER CONTACT NUMBER OF PATIENT Copy to PRACTITIONER/MSP Practitioner Number:

ADDRESS OF PATIENT CITY/TOWN PROVINCE POSTAL CODE

DIAGNOSIS CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY URINE TESTS CHEMISTRY
Hematology profile On Anticoagulant? Macroscopic -> microscopic if dipstick positive
INR Macroscopic -> urine culture if pyuria or nitrite present
Ferritin (query iron deficiency) Macroscopic (dipstick) Microscopic*
HFE - Hemochromatosis (check ONE box only) Confirm diagnosis (ferritin first, +/- TS, +/- DNA testing) Sibling/parent is C282Y/C282Y homozygote (DNA testing)
* Clinical information for microscopic required:

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

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

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

SIGNATURE OF PRACTITIONER DATE SIGNED

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

INSTRUCTIONS TO PATIENTS (See reverse) Other Instructions:

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

BURNABY

Burnaby Hospital, 3935 Kincaid Ave

604-412-6245

Or

CHILLIWACK

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

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

[Lower Mainland Labs](http://www.lowermainlandlabs.com)

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

DELTA

Delta Hospital, 5800 Mountainview Blvd.

604-940-3431

HOPE

Fraser Canyon Hospital, 1275 – 7th 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 – 96th Ave.
Jim Pattison Outpatient Care and Surgery Centre, 9750 140th 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

<p>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.</p> <p>Triglycerides, Homocysteine No food or drink for 10 hours before test except of sips of water.</p> <p>For all tests regular medication may be taken.</p>	<p>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.</p> <p>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.</p>
<p>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.</p>	<p>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</p>
<p>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</p>	