

Outpatient Laboratory Requisition

(Anatomical Pathology requisitions - see separate form)

Laboratory Medicine

Grey highlighted fields must be completed to avoid delays in specimen collection and patient processing.		For tests indicated with a grey tick box <input type="checkbox"/> , consult provincial guidelines and protocols (www.BCGuidelines.ca).		ORDERING PHYSICIAN, ADDRESS, MSP PRACTITIONER NUMBER	
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER: _____				LOCUM FOR PHYSICIAN:	
PHN NUMBER		ICBC/WorkSafeBC/RCMP NUMBER		MSP PRACTITIONER NUMBER:	
SURNAME OF PATIENT		FIRST NAME OF PATIENT		If this is a STAT order please provide contact telephone number:	
DOB YYYY MM DD		SEX <input type="checkbox"/> M <input type="checkbox"/> F		Copy to Physician/Address/MSP Practitioner Number	
TELEPHONE NUMBER OF PATIENT		CHART NUMBER			
ADDRESS OF PATIENT			CITY/TOWN	PROVINCE	
DIAGNOSIS			CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE		

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) HFE - Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (ferritin first ± TS, ± DNA testing) <input type="checkbox"/> Sibling/parent is C282Y/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 if 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"/> 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"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - urine
LIPIDS		
<input checked="" type="checkbox"/> one box only. For other lipid investigations, please order specific tests below and provide diagnosis.		
<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 of treated hypercholesterolemia (ApoB only , fasting not required) <input type="checkbox"/> Self-pay lipid profile (non-MSP billable, fasting)		

MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site	
ROUTINE CULTURE List current antibiotics: _____ <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial Wound <input type="checkbox"/> Deep Wound Site: _____ <input type="checkbox"/> Other: _____ VAGINITIS <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy	HEPATITIS SEROLOGY <input type="checkbox"/> Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg + anti-HBc) Hepatitis C (Anti-HCV) <input type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg; anti-HBc; anti-HBs) Hepatitis C (anti-HCV) Investigation of hepatitis immune status <input type="checkbox"/> Hepatitis A (anti-HAV, total) <input type="checkbox"/> Hepatitis B (anti-HBs) Hepatitis marker(s) <input type="checkbox"/> HBsAg (For other hepatitis markers, please order specific test(s) below) HIV SEROLOGY (Patient has legal right to choose nominal or non-nominal reporting) <input type="checkbox"/> Nominal reporting <input type="checkbox"/> Non-nominal reporting
CHLAMYDIA (CT) & GONORRHEA (GC)	
<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: _____	
STOOL SPECIMENS	
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)	
DERMATOPHYTES	
<input type="checkbox"/> Dermatophyte culture <input type="checkbox"/> KOH prep (direct exam) Specimen: <input type="checkbox"/> Skin <input type="checkbox"/> Nail <input type="checkbox"/> Hair Site: _____	
MYCOLOGY	
<input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	

OTHER TESTS	
Standing order requests - expiry & frequency must be indicated	<input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (Age 50 - 74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> Fecal Occult Blood (Other indicators)

SIGNATURE OF PHYSICIAN		DATE SIGNED
DATE OF COLLECTION	TIME OF COLLECTION	PHLEBOTOMIST
		TELEPHONE REQUISITION RECEIVED BY (employee/date/time)

INSTRUCTIONS TO PATIENTS (see reverse)
Other instructions:

Vancouver Coastal Health/Providence Health Care Laboratory Locations

Website: LMLabs.phsa.ca

<p>Bella Coola General Hospital 1025 Elcho Street Bella Coola, BC V0T 1C0 Tel: 250-799-5311, Ext 230 Fax: 250-799-5350 Hours of Operation: Monday-Friday 8:15 AM-4:00 PM Closed weekends and Stat Holidays</p>	<p>Lions Gate Hospital Laboratory Second Floor, 231 15th St. East North Vancouver, BC V7L 2L7 Tel: 604-984-5755 Fax: 604-984-5984 Hours of Operation: Monday-Friday 7:00 AM-6:00 PM Sat-Sun, Holidays 8:00 AM-12:00 NOON</p>
<p>Mount Saint Joseph Hospital Laboratory Ground Floor, Near the Prince Edward Entrance 3080 Prince Edward St., Vancouver, BC V5T 3N4 Tel: 604-877-8302 Fax: 604-877-8108 Hours of Operation: Monday-Friday 8:00 AM-5:00 PM (closed stats) Sat-Sun, Holidays 10:00 AM-3:00 PM</p>	<p>Northmount Medical Laboratory Suite 202 - 145 13th St. East North Vancouver, BC V7L 2L4 Tel: 604-904-3535 Fax: 604-904-3560 Hours of Operation: Monday-Friday 8:00 AM-5:30 PM</p>
<p>Pemberton Health Centre Laboratory 1403 Portage Road Pemberton, BC V0N 2L0 Tel: 604-894-6939 Fax: 604-894-6915 Hours of Operation: Monday-Friday 8:45 AM-12:00 NOON 1:00 PM-4:00 PM</p>	<p>Powell River General Hospital Laboratory 5000 Joyce Avenue Powell River, BC V8A 5R3 Tel: 604-485-3266 Fax: 604-485-3236 Hours of Operation: Monday-Friday 7:30 AM-4:00 PM</p>
<p>Richmond Hospital Laboratory 2nd Floor, Rm 2552, South Tower - 7000 Westminster Hwy Richmond, BC V6X 1A2 Tel: 604-244-5295 Fax: 604-244-5161 Hours of Operation: Monday-Friday 8:00 AM-5:30 PM Sat-Sun 9:00 AM-2:00 PM Holidays by appointment only</p>	<p>R.W. Large Memorial Hospital 88 Waglisla Street Bella Bella, BC V0T 1Z0 Tel: 250-957-2314, Ext 234 Fax: 250-957-2702 Hours of Operation: Monday-Friday 8:30 AM-4:30 PM Closed weekends and Stat Holidays</p>
<p>St. Mary's Hospital Laboratory, Sechelt 5544 Sunshine Coast Hwy Sechelt, BC V0N 3A0 Tel: 604-885-8603 Fax: 604-885-8632 Hours of Operation: Monday-Friday 8:00 AM-6:00 PM Sat 9:30 AM-12:00 NOON Sun, Holidays by appointment only</p>	<p>St. Paul's Hospital Laboratory Second Floor, Providence I Building 1081 Burrard St., Vancouver, BC V6Z 1Y6 Tel: 604-806-8626 Fax: 604-806-8342 Hours of Operation: Monday-Friday 7:00 AM-6:00 PM (closed stats) Sat-Sun, Holidays 10:00 AM-3:00 PM</p>
<p>Squamish General Hospital Laboratory 38140 Behner Drive Squamish, BC V0N 3G0 Tel: 604-892-6040 Fax: 604-892-6042 Hours of Operation: Tuesday-Friday 8:00 AM-4:00 PM Saturday 8:00 AM-12:00 NOON</p>	<p>UBC Hospital Laboratory Room M210, Main Floor, Koerner Pavilion 2211 Wesbrook Mall, Vancouver, BC V6T 2B5 Tel: 604-822-7271 Fax: 604-822-7575 Hours of Operation: Monday-Friday 8:00 AM-4:45 PM</p>
<p>Vancouver General Hospital Outpatient Laboratory Gordon & Leslie Diamond Health Care Centre Level 1-2775 Laurel Street, Vancouver, BC V5Z 1M9 Tel: 604-875-4111 x61017 Fax: 604-875-5882 Hours of Operation: Monday-Friday 7:00 AM-5:00 PM</p>	<p>Whistler Health Care Centre Laboratory 4380 Lorimer Road Whistler, BC V0N 1B4 Tel: 604-932-4911 Fax: 604-932-4363 Hours of Operation: Monday-Friday 8:30 AM-4:00 PM Saturday 9:00 AM-4:00 PM</p>

Patient Instructions

General Fasting Instructions - Do not eat during period prior to test. Smoking is discouraged.

Caution: Water is permitted while fasting for blood tests. Unless specifically ordered to do so, patients with known or suspected kidney or urinary tract problems should not restrict their water intake while fasting.

Glucose Fasting - Do not eat or drink, except water, for 9-12 hours prior to the test.

Glucose 2HR Post Meal - Eat a meal exactly 2 hours before arriving at the laboratory. Do not eat again until the test is completed.

Glucose Tolerance - Eat regular meals (adequate carbohydrate intake) for 3 days prior to the test. Do not eat or drink, except water, for 9-12 hours prior to the test. Contact laboratory. Appointment may be required.

Cholesterol/Triglyceride/HDL - Do not eat or drink, except water, for 9-12 hours prior to the test. Abstain from alcohol for 48 hours.

Insulin, C-Peptide*, Gastrin - Do not eat or drink, except water, for 9 hours prior to test.

***C-Peptide** - Recent islet cell transplant or pancreatic transplant recipients may require non-fasting C-Peptide tests.

Drug Assays - The drug should be taken regularly without dosage change during the week preceding sampling. Blood should be collected PRIOR to the next dose. Check with the laboratory or your doctor if this presents a problem.

Further Testing Information - Check with your doctor or with one of the above laboratories.