Vancouver CoastalHealth

Providence HEALTH CARE
How you want to be treated.

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)
https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines

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

- ☐ Hematology profile
- ☐ 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
- ☐ 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

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