Vancouver CoastalHealth

Providence HEALTH CARE
How you want to be treated.

# STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

Dr. Donald Duck
1234 Mickey Drive
Disneyland, Fairytale City
MSP #12345

**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:

Each sample must be labelled with a minimum of 2 resident identifiers:
- 1 must be resident's first and last name
- 2nd can be: PHN, MRN, or DOB

Identifiers on sample must match requisition

| PERSONAL HEALTH NUMBER | ICBC/WorkSafeBC NUMBE | D MSP PRACTITIONER NUMBER: |
|---|---|---|
| 8052 161 789 | | |
| LAST NAME OF PATIENT | FIRST NAME OF PATIENT | vide contact telephone number: |
| Lightyear | Buzz | |
| DOB YYYY MM DD: 1940 / 04 / 01 | SEX: ☒ M ☐ F | actitioner Number: |
| | Pregnant? ☐ YES ☐ NO ☐ Fasting? _____ h pc | Copy to GP (if required) |

| 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 |
|---|---|---|---|
| 6789 Goofy Avenue | Vancouver | BC | V1A 2B3 |

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

### 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
- ☐ GGT
- ☐ T. Protein
- ☐ ß-HCG – quantitative

## 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

For Respiratory Samples write Test Type and Specimen Type

Influenza/COVID Testing - Nasopharyngeal Swab

Standard VRI testing will include: COVID-19, Influenza A/B, and RSV

| 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: