

Outpatient Laboratory Requisition

All Physicians **MUST** include addresses

ORDERING PHYSICIAN, ADDRESS,
MSP PRACTITIONER NUMBER

Laboratory Medicine

(Anatomical Pathology requisitions - see separate form)

Grey highlighted fields must be completed to avoid delays in specimen collection and patient processing.

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

Bill to: MSP ICBC WorkSafeBC PATIENT 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: M F Pregnant? YES NO Fasting? _____ h pc

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

- Hematology profile
- PT-INR On warfarin?
- Ferritin (query iron deficiency)
- HFE - Hemochromatosis (check ONE box only)
 - Confirm diagnosis (ferritin first ± TS, ± DNA testing)
 - Sibling/parent is C282Y/C282Y homozygote (DNA testing)

URINE TESTS

- Urine culture - list current antibiotics: _____
- Macroscopic → microscopic if dipstick positive
- Macroscopic → urine culture if pyuria or nitrite present
- Macroscopic (dipstick) Microscopic
 - Special case (if ordered together)
- Pregnancy test

CHEMISTRY

- Glucose - fasting (see reverse for patient instructions)
- GTT - gestational diabetes screen (50 g load, 1 hour post-load)
- GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
- Hemoglobin A1c
- Albumin/creatinine ratio (ACR) - urine

LIPIDS

✓ one box only. For other lipid investigations, please order specific tests below and provide diagnosis.

- Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL & LDL Cholesterol, Triglycerides, fasting)
- Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required)
- Follow-up of treated hypercholesterolemia (**ApoB only**, fasting not required)
- Self-pay lipid profile (non-MSP billable, fasting)

THYROID FUNCTION

For other thyroid investigations, please order specific tests below and provide diagnosis.

- Suspected Hypothyroidism (TSH first +/-fT4)
- Suspected Hyperthyroidism (TSH first +/-fT4, +/-fT3)
- Monitor thyroid replacement therapy (TSH only)

OTHER CHEMISTRY TESTS

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

MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site

ROUTINE CULTURE

- List current antibiotics: _____
- Throat Sputum Blood Urine
 - Superficial Wound Deep Wound
 - Site: _____
 - Other: _____

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 legal right to choose nominal or non-nominal reporting)
- Nominal reporting Non-nominal reporting

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)

- CT & GC testing
Source/site: Urethra Cervix Urine
- GC culture: Throat Rectal
- Other: _____

STOOL SPECIMENS

- History of bloody stools? Yes
- C. difficile testing
 - Stool culture
 - Stool ova & parasite exam
 - Stool ova & parasite (high risk, 2 samples)

DERMATOPHYTES

- Dermatophyte culture KOH prep (direct exam)
- Specimen: Skin Nail Hair
- Site: _____

MYCOLOGY

- Yeast Fungus Site: _____

OTHER TESTS

Standing order requests - expiry & frequency must be indicated

- ECG
- Fecal Occult Blood (Age 50 - 74 asymptomatic q2y)
Copy to Colon Screening Program
- Fecal Occult Blood (Other indicators)

INFLIXIMAB & ANTIBODIES TO INFLIXIMAB

- YYYY MM DD
- Infliximab (Remicade) Date of last infusion: _____
 - Infliximab-dyyb (Inflectra) Duration of current infliximab therapy: < 14 weeks or ≥ 14 weeks
 - Infliximab-abda (Renflexis) Clinical scenario (optional): _____
 - Other: _____

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 weekends and Stat Holidays</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-3:30 PM Closed weekends and Stat Holidays</p>
<p>Sechelt Hospital Laboratory 5544 Sunshine Coast Hwy Sechelt, BC V0N 3A0 Tel: 604-885-8603 Fax: 604-885-8632 Hours of Operation: Monday-Friday 8:00 AM-5:00 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: 1-877-747-2522 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.

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.

Infliximab & Antibodies to Infliximab - Outpatient Laboratory Instructions

Timing: Trough collection required (immediately prior to next infusion preferred)

Specimen: Red top serum tube (preferred)

Shipment to SPH Lab: Centrifuge and send 2 x 1 mL aliquots of serum, frozen

Completed infliximab requisition must accompany specimen