



Book your appointment online at www.labonlinebooking.ca or call 1-844-870-4756
Lab locations, hours, and fasting information available here:
https://www.interiorhealth.ca/information-for/patients-and-visitors/lab-tests-and-services

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, ICB/WorkSafeBC NUMBER, LAST NAME OF PATIENT, FIRST NAME OF PATIENT, DOB, SEX, M/F, Pregnant?, Fasting?, PRIMARY CONTACT NUMBER OF PATIENT, SECONDARY CONTACT NUMBER OF PATIENT, OTHER CONTACT NUMBER OF PATIENT, ADDRESS OF PATIENT, CITY/TOWN, PROVINCE, POSTAL CODE

DIAGNOSIS, CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY, URINE TESTS, CHEMISTRY. Includes checkboxes for Hematology profile, INR, Ferritin, Macroscopic/microscopic tests, Glucose, GTT, Hemoglobin A1c, etc.

MICROBIOLOGY - LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, PHN & SITE

ROUTINE CULTURE, VAGINITIS, GROUP B STREP SCREEN, CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT, GONORRHEA (GC) CULTURE, STOOL SPECIMENS, DERMATOPHYTES, MYCOLOGY

HEPATITIS SEROLOGY, Investigation of hepatitis immune status, Hepatitis marker(s), HIV Serology, OTHER TESTS - Standing Orders Include expiry & frequency

LIPIDS, THYROID FUNCTION, OTHER CHEMISTRY TESTS

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:

For Lab locations, hours, and fasting information please visit:  
<https://www.interiorhealth.ca/information-for/patients-and-visitors/lab-tests-and-services>

### Patient Instructions

Some tests require the patient to fast. Fast means nothing to eat or drink before the test (includes gum, candy, multivitamins, dietary supplements, etc). Water is allowed. No smoking. See tests below for guidance.	
<b>Cholesterol / Triglyceride / HDL / LDL</b>	Fast 8 – 12 hours prior to the test if indicated by the physician.
<b>Glucose Fasting</b>	Fast 8 hours prior to the test.
<b>Glucose Tolerance Test Non-Gestational GTT</b>	For 3 days prior, eat regular meals with adequate carbohydrate intake. Fast 8 hours prior to the test.
<b>Gestational Diabetes Confirmation</b>	Patient must remain at the Lab for the duration of the test.
<b>Gestational Diabetes Screen</b>	Fasting not required. Blood is collected 1 hour after glucose drink is given to the patient. Patient must remain at the Lab for the duration of the test.
<b>Therapeutic Drug Assays</b>	Blood should be taken just prior to the next dose of medication.
<b>24 Hour Urine</b>	Containers and Patient Instructions are provided by the Laboratory.
<b>Stool C&amp;S, C.difficile, O&amp;P, Occult Blood</b>	
<b>Urine Culture (C&amp;S)</b>	
<b>Sputum Culture</b>	
<b>Semen Analysis</b>	
<b>Check with your physician or local laboratory for further testing information.</b>	
Detailed information on MSP Protocols and Guidelines is available at: <a href="https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/laboratory">https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/laboratory</a>	