



Interior Health 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	URINE TESTS	CHEMISTRY
<input type="checkbox"/> Hematology profile <input type="checkbox"/> INR <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"/> 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 * * Clinical information for microscopic required: _____	<input type="checkbox"/> Glucose - fasting (see reverse for patient instructions) <input type="checkbox"/> Glucose - random <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"/> GTT - non-gestational diabetes <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> 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

<input type="checkbox"/> Sodium	<input type="checkbox"/> Creatinine / eGFR
<input type="checkbox"/> Potassium	<input type="checkbox"/> Calcium
<input type="checkbox"/> Albumin	<input type="checkbox"/> Creatine kinase (CK)
<input type="checkbox"/> Alk phos	<input type="checkbox"/> PSA – Known or suspected prostate cancer (MSP billable)
<input type="checkbox"/> ALT	<input type="checkbox"/> PSA screening (self-pay)
<input type="checkbox"/> B12	<input type="checkbox"/> Pregnancy test
<input type="checkbox"/> Bilirubin	<input type="checkbox"/> β-HCG – quantitative
<input type="checkbox"/> GGT	
<input type="checkbox"/> T. Protein	

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: _____

Bring this form and your care card to the laboratory listed below:

Hospital	Contact	Hours of Operation
Arrow Lakes Hospital 97 - 1st Ave NE, Box 87, Nakusp, BC V0G 1R0	Tel: 250-265-3622 Fax: 250-265-5226	8:00 am – 2:00 pm Monday – Friday
Associates Medical Clinic Rossland 1973 Columbia Ave., Rossland, BC V0G 1Y0	Tel: 250-362-7307 Fax: 250-362-9413	9:00 am – 11:00 am Tuesdays
Boundary Hospital 7649-22nd Street, Box 2647, Grand Forks, BC V0H 1H0	Tel: 250-443-2100 Fax: 250-442-2104	7:30 am – 1:30 pm Monday – Friday
Castlegar & District Community Health Centre 709 - 10th Street, Castlegar, BC VIN 2H7	Tel: 250-365-7711 Ext.112 Fax: 250-304-1236	8:00 am – 4:00 pm Monday – Friday
Creston Valley Hospital Laboratory 312 - 15th Avenue North, Bag 3000, Creston, BC V0B 1G0	Tel: 250-428-3828 Fax: 250-428-3881	7:30 am – 3:00 pm Monday – Friday
Edgewood Health Center 322 Monashee Ave, Edgewood, BC V0G 1J0	Tel: 250-269-7313 Fax: 250-269-7520	8:00 am – 10:30 am Tuesdays
East Shore Community Health Centre P.O. Box 217, #15985 Hwy 3A, Crawford Bay, BC V0B 1E0	Tel: 250-227-9006 Fax: 250-227-9017	7:30 am – 10:30 am Wednesdays
Elk Valley Hospital Laboratory 1501 – 5th Avenue, Box 670, Fernie, BC V0B 1M0	Tel: 250-423-4453 Fax: 250-423-8263	7:30 am – 4:00 pm Monday – Friday
Elkford Health Centre Laboratory 212 Alpine Way, Box 250, Elkford, BC V0B 1H0	Tel: 250-865-2247 Fax: 250-865-2797	9:00 am – 3:30 pm Monday – Friday
Golden & District Hospital Laboratory 835 - 9th Avenue South, Golden, BC V0A 1H0	Tel: 250-344-3040 Fax: 250-344-3030	8:00 am – 4:00 pm Monday – Friday
Greenwood Public Health Building 255 South Government Street, Greenwood, BC V0H 1J0	Tel: 250-443-2100	7:55 am – 8:45 am Tuesdays Please call for an appointment.
Invermere Hospital Laboratory 850 - 10th Avenue, Box 2069, Invermere, BC V0A 1K0	Tel: 250-342-2321 Fax: 250-342-2304	8:00 am – 4:00 pm Monday – Friday
Kootenay Lake Hospital 3 View Street, Nelson, BC V1L 2V1	Tel: 250-354-2325 Fax: 250-354-2310	8:00 am – 4:30 pm Monday – Friday
Midway Health Centre Basement, 411-6th Ave, Midway, BC V0H 1M0	Tel: 250-443-2100	10:00 am-1:30 pm Tuesdays. Please call for an appointment.
Salmo Wellness Centre 413 Baker Avenue, Salmo, BC V0G 1Z0	Tel: 250-357-0104 Fax: 250-357-0107	10:00 am – 12:00 pm Monday 8:00 am – 10:00 am Thursday
Slocan Community Health Centre 401 Galena Ave, Box129, New Denver, BC V0G 1S0	Tel: 250-358-7911 Fax: 250-358-7117	8:00 am – 11:30 am Tuesday, Wednesday, and Friday
Sparwood Health Centre Laboratory 570 Pine Avenue, Box 1120, Sparwood, BC V0B 2G0	Tel: 250-425-6212 Fax: 250-425-0636	8:30 am – 3:00 pm Monday – Friday
Tamarack Medical Laboratory 194 - 1500 Cranbrook Street North, Cranbrook BC VIC 3S8	Tel: 250-426-3775 Fax: 250-426-8300	7:30 am – 4:30 pm Monday – Friday
Trail Health Centre #308-1101 Dewdney Ave, Trail, BC VIR 4T1	Tel: 250-368-8141 Fax: 250-368-8151	8:00 am – 4:00 pm Monday – Friday
Victorian Community Health Centre of Kaslo 673 A Ave, Box 670, Kaslo, BC V0G 1M0	Tel: 250-353-2291 Fax: 250-353-2738	7:30 am – 11:00 am Tuesday and Wednesday by appointment

Outpatient Lab Services are closed on weekends and statutory holidays except where noted

Patient Instructions

Several tests require the patient to fast prior to the test. Fast means nothing to eat or drink (including gum and candy) for at least 8 hours. Water permitted. No smoking.	
Cholesterol/ Triglyceride/ HDL/LDL	Fast 12– 14 hours prior to the test if indicated by the physician order.
Glucose Fasting	Fast 8 hours prior to the test.
Glucose Tolerance Test Non-Gestational GTT	For 3 days prior, eat regular meals with adequate carbohydrate intake. Fast 8 hours prior to the test. Patient must remain at the Lab for the duration of the test.
Gestational Diabetes Confirmation	
Gestational Diabetes Screen	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.
Therapeutic Drug Assays	Blood should be taken just prior to the next dose of medication.
24 Hour Urine	Containers and Patient Instructions are provided by the Laboratory.
Stool C&S, C.difficile, O&P, Occult Blood	
Urine Culture (C&S)	
Sputum Culture	
Semen Analysis	
Check with your physician or local laboratory for further testing information.	
Detailed information on MSP Protocols and Guidelines is available at: https://www.healthservices.gov.bc.ca/msp/protoguides/index.html	