



# 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](http://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**  
 Sodium  Creatinine / eGFR  
 Potassium  Calcium  
 Albumin  Creatine kinase (CK)  
 Alk phos  PSA - Known or suspected prostate cancer (MSP billable)  
 ALT  PSA screening (self-pay)  
 B12  Bilirubin  Pregnancy test  
 GGT  T. Protein  β-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: \_\_\_\_\_

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

Hospital	Contact	Hours of Operation
<b>100 Mile General Hospital</b> 555 Cedar Avenue South, 100 Mile House, BC	Tel: 250-395-7621 Fax: 250-395-7622	7:30 am – 5:00 pm Monday – Friday Saturday by appointment only
<b>Ashcroft &amp; District Hospital</b> Box 488, 700 Ash-Cache Creek Highway Ashcroft, BC V0K 1A0	Tel: 250-453-2211 Fax: 250-453-1918	8:30 am – 12:00 pm Monday – Friday
<b>Barriere &amp; District Health Centre</b> 537 Barriere Town Road, Barriere, BC	Tel: 250-672-9731 Fax: 250-672-5144	8:30 am – 3:30 pm Monday-Friday Closed daily between 12:30 pm – 1:00 pm
<b>Cariboo Memorial Hospital</b> 517 North 6th Avenue, Williams Lake, BC V2G 2G8	Tel: 250-302-3215 Fax: 250-302-3229	7:30 am – 5:00 pm Monday – Friday 7:30 am – 11:30 am Saturday
<b>Chase &amp; District Health Centre</b> 825 Thompson Avenue Chase, BC	Tel: 250-679-1400 Fax: 250-679-5329	8:00 am – 2:00 pm Monday – Friday Closed daily between 12:00 pm – 12:30 pm Appointment required for glucose tolerance testing
<b>Dr. Helmcken Memorial Hospital</b> 640 Park Drive, Clearwater, BC	Tel: 250-674-2244 Fax: 250-674-2477	8:30 am – 10:00 am Monday – Friday
<b>Lillooet &amp; District Hospital</b> 951 Murray Street, Lillooet, BC	Tel: 250-256-1301 Fax: 250-256-1302	8:30 am – 3:30 pm Monday – Friday
<b>Logan Lake Health Centre</b> 5 Beryl Drive, Logan Lake, BC	Tel: 250-523-9414 Fax: 250-523-6869	8:30 am – 11:00 am Monday – Friday
<b>Nicola Valley Health Centre</b> 3451 Voght Street, Merritt, BC	Tel: 250-378-2242 Fax: 250-378-3286	8:00 am – 2:00 pm Monday – Friday Saturday by appointment
<b>Northhills Centre Laboratory</b> Northhills Mall, #61-700 Tranquille Rd Kamloops, BC	Tel: 250-312-3290 Fax: 250-312-3291	8:30 am – 4:00 pm Monday – Friday
<b>Royal Inland Hospital</b> 311 Columbia Street, Kamloops, BC	Tel: 250-314-2689 Fax: 250-314-2328	7:00 am – 5:00 pm Monday – Friday 9:00 am – 2:00 pm Weekends
<b>St. Bartholomew's Hospital</b> 531 Main Street, Lytton, BC	Tel: 250-455-2221 Fax: 250-455-6621	9:00 am – 3:00 pm Monday – Friday
<b>Tudor Village Laboratory</b> #3A - 1315 Summit Drive, Kamloops, BC	Tel: 250-314-2351 Fax: 250-314-2240	7:30 – 11:30 am and 1:00 – 3:15 pm Monday-Friday No Glucose Tolerance testing, done at RIH lab only

*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.	
<b>Cholesterol/Triglyceride/ HDL/LDL</b>	Fast 12 – 14 hours prior to the test if indicated by the physician order.
<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. Patient must remain at the Lab for the duration of the test.
<b>Gestational Diabetes Confirmation</b>	
<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://www.healthservices.gov.bc.ca/msp/protoguides/index.html">https://www.healthservices.gov.bc.ca/msp/protoguides/index.html</a>	