	المماذله					ORDERING PRACTITION	ER: ADDRESS, PHONE,	MSP PRACTITIONER NUMBER	
Interior		L Inline at www.labonlinel			EQUISITION				
Lab locations									
https://www.ir	nteriorhealth	.ca/information-for/pat	ients-and-visitors/lab	-tests-and-	-services				
		ated with a blue tick box 2.gov.bc.ca/gov/content/h			d protocols (www.BCGuidelines.ca) vurces/bc-guidelines				
$\frac{\text{Bill to}}{\text{Bill to}} \longrightarrow \text{MSP} \qquad \square \text{ IC}$	CBC 🗌 W	/orkSafeBC 🗌 PA	FIENT 🗌 OTHER:	:		_			
PERSONAL HEALTH NUMBER			ICBC/WorkSafeBC NUMBER			LOCUM FOR PRACTITIC	LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:		
LAST NAME OF PATIENT			FIRST NAME OF PATIENT			If this is a STAT order pla	If this is a STAT order please provide contact telephone number:		
DOB YYYY MM				Pregnant? YES NO Fasting? h pc			Copy to PRACTITIONER/MSP Practitioner Number:		
		M F	_		Fasting? h pc				
PRIMARY CONTACT NUMBER OF PAT	TIENT	SECONDARY CONTACT N	UMBER OF PATIENT	OTHER CO	NTACT NUMBER OF PATIENT	Copy to PRACTITIONER	/MSP Practitioner Nur	nber:	
					1				
ADDRESS OF PATIENT					CITY/TOWN		PROVINCE	POSTAL CODE	
DIAGNOSIS		CURRENT MEDICATIONS/DATE AND TI			VIE OF LAST DOSE				
HEMATOLOGY			URINE TESTS			CHEMISTRY			
Hematology profile	On Anticoag	ulant? 🗌 Yes 📃 No	Macroscopic → microscopic if dipstick positive			Glucose – fasting (see reverse for patient instructions)			
INR Specify:			Macroscopic \rightarrow urine culture if pyuria or nitrite present				Glucose – random		
Ferritin (query iron deficiency)			Macroscopic (dipstick) Microscopic *			GTT – gestational diabetes screen (50 g load, 1 hour post-load)			
HFE - Hemochromatosis (check ONE box only)			* Clinical information for microscopic required:			GTT – gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)			
Confirm diagnosis (ferritin first, <u>+</u> TS, <u>+</u> DNA testing)						GTT – non-gestational diabetes			
Sibling/parent is C282Y/C282Y homozygote (DNA testing)						Hemoglobin A1c			
MICROBIOLOGY	– <mark>LABEL ALL</mark> :	SPECIMENS WITH PATIEN	NT'S FIRST & LAST NAME, DOB, PHN & SITE			Albumin/creatinine ratio (ACR) - Urine			
ROUTINE CULTURE			HEPATITIS SEROLOGY			LIPIDS			
On Antibiotics? Yes No Specify:			Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg <u>+</u> anti-HBc)				Note: Fasting is not required for any of the panels but clinician may		
🗌 Throat 🗌 Sputum 🗌 Blood 🗌 Urine						specifically instruct patient to fast for 10 hours in select circumstances			
Superficial Wound, Site:			Hepatitis C (anti-HCV)			[e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory requirements.			
Deep Wound, Site:			Chronic viral hepatitis undefined etiology			 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) 			
Other:			Hepatitis B (HBsAg; anti-HBc; anti-HBs) Hepatitis C (anti-HCV) Investigation of hepatitis immune status Hepatitis A (anti-HAV, total)						
VAGINITIS									
Initial (smear for BV & yeast only) Chronic/requirement (mean culture trichemonas)									
 Chronic/recurrent (smear, culture, trichomonas) Trichomonas testing 						THYROID FUNCTION			
GROUP B STREP SCREEN (Pregnancy only)			Hepatitis B (anti-HBs)			For other thyroid investigations, please order specific tests below and			
Vagino-anorectal swab			Hepatitis marker(s)			provide diagnosis.			
CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT			HBsAg (For other hepatitis markers, please order specific test(s) below)			Monitor thyroid replacement therapy (TSH Only) Suspected Hypothyroidism (TSH first, fT4 if indicated)			
Source/site: Urethra Cervix Urine			(i of other nepatitis markers, please order specific test(s) below)			Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated)			
Other			HIV Serology			OTHER CHEMISTRY T	ESTS		
GONORRHEA (GC) CULTURE			(patient has the legal right to choose not to have their name and address reported to public health = non-nominal reporting)			Sodium	Creatinine /	eGFR	
Source/site: Cervix Urethra Throat Rectum			OTHER TESTS - Standing Orders Include expiry & frequency			Potassium	Calcium	ase (CK)	
Other						Alk phos PSA – Known or suspected prostate			
STOOL SPECIMENS						C ALT	cancer (MSP		
History of bloody stools? Yes			ECG FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program			Bilirubin	PSA screenir Pregnancy te		
C.difficile testing Stool culture Stool ova & parasite exam Stool ova & parasite (high risk, submit 2 samples)			FIT No copy to Colon Screening Program			GGT GGT G- quantitative			
DERMATOPHYTES				5	, ,		_ ·		
	KOH prep (c								
Specimen: Skin	Nail	Hair Hair							
Site:									
MYCOLOGY	ite								
Yeast Fungus Site:			SIGNATURE OF PRACTITIONER				DATE SIG	SNED	
DATE OF COLLECTION	TIME OF COLL	ECTION	COLLECTOR			TELEPHONE REQUISITION	RECEIVED BY: (emplo	yee/date/time)	
INSTRUCTIONS TO PATIENTS (See reve	erse)								
Other Instructions:									

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts. **826556** Jul 5-22

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.

Cholesterol/Triglyceride/HDL/LDL	Fast 8 – 12 hours prior to the test if indicated by the physician.					
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.					
Gestational Diabetes Confirmation	Patient must remain at the Lab for the duration of the test.					
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.					
Theraputic Drug Assays	Blood should be taken just prior to the next dose of medication.					
24 Hour Urine						
Stool C&S, C.difficile, O&P, Occult Blood	Containers and Patient Instructions are provided by the Laboratory.					
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://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/laboratory						