



STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PHYSICIAN: ADDRESS, MSP PRACTITIONER NUMBER

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

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

Bill to: MSP, ICBC, WorkSafeBC, PATIENT, OTHER

PHN NUMBER, SURNAME OF PATIENT, DOB, SEX, TELEPHONE NUMBER OF PATIENT, ADDRESS OF PATIENT, CITY/TOWN, PROVINCE

DIAGNOSIS, CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY, URINE TESTS, CHEMISTRY

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

ROUTINE CULTURE, VAGINITIS, GROUP B STREP SCREEN

HEPATITIS SEROLOGY, Hepatitis A, B, C

LIPIDS, THYROID FUNCTION, OTHER CHEMISTRY TESTS

CHLAMYDIA (CT) & GONORRHEA (GC), STOOL SPECIMENS

Investigation of hepatitis immune status, Hepatitis marker(s), HIV Serology

OTHER TESTS

DERMATOPHYTES, MYCOLOGY

Standing Orders, ECG, Fecal Occult Blood

Signature of Physician, Date Signed

DATE OF COLLECTION, TIME OF COLLECTION, PHLEBOTOMIST, TELEPHONE REQUISITION RECEIVED BY

INSTRUCTIONS TO PATIENTS (See reverse)