



STANDARD OUT-PATIENT 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)

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
Hematology profile On Anticoagulant? Macroscopic -> microscopic if dipstick positive
INR Macroscopic -> urine culture if pyuria or nitrite present
Ferritin (query iron deficiency) Macroscopic (dipstick) Microscopic*
HFE - Hemochromatosis (check ONE box only) Confirm diagnosis (ferritin first, +/- TS, +/- DNA testing)
Sibling/parent is C282Y/C282Y homozygote (DNA testing) * Clinical information for microscopic required:

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

GLUCOSE - fasting (see reverse for patient instructions)
GLUCOSE - random
GTT - gestational diabetes screen (50 g load, 1 hour post-load)
GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
GTT - non-gestational diabetes
Hemoglobin A1c
Albumin/creatinine ratio (ACR) - Urine

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 B12 PSA screening (self-pay)
Bilirubin Pregnancy test
GGT T. Protein beta-HCG - quantitative

DATE OF COLLECTION TIME OF COLLECTION COLLECTOR TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)

INSTRUCTIONS TO PATIENTS (See reverse)
Other Instructions: