

Completing the outpatient lab requisition for pharmacists (HLTH 1946)



Yellow-highlighted fields must be completed.



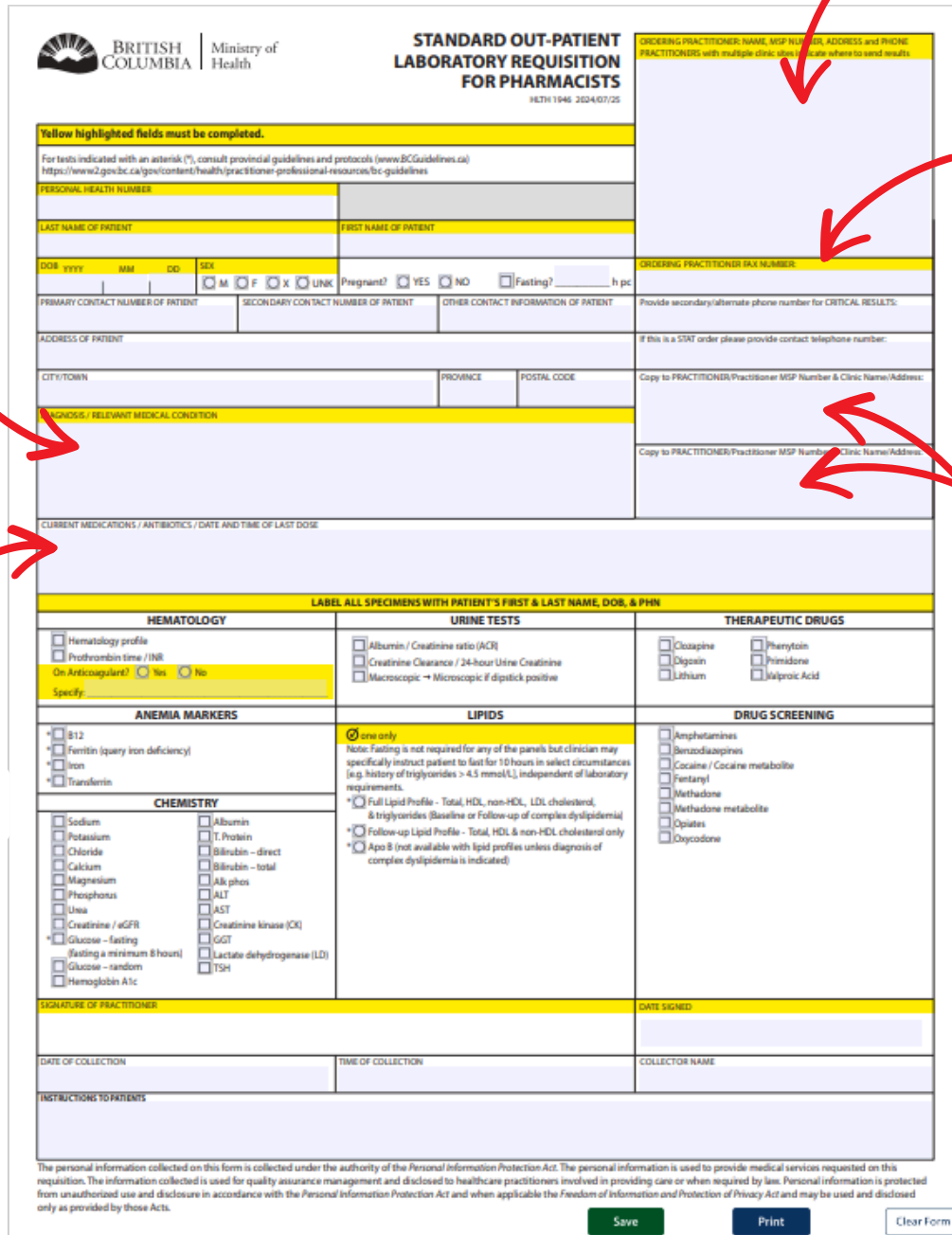
MSP number: practitioner number that HIBC issued to you. **If you work at more than one site,** indicate the site that results should be sent to.



You must include the patient's existing diagnosis or relevant medical condition. This section is particularly important when there is an associated guideline or protocol for the laboratory test.



List current medications/ antibiotics relevant to the patient's medical condition and lab services ordered.



STANDARD OUT-PATIENT LABORATORY REQUISITION FOR PHARMACISTS
HLTH 1946 2024/07/25

Yellow highlighted fields must be completed.

For tests indicated with an asterisk (*), consult provincial guidelines and protocols (www.BCGuidelines.ca) <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines>

PERSONAL HEALTH NUMBER

LAST NAME OF PATIENT / **FIRST NAME OF PATIENT**

DOB (YYYY MM DD) / **SEX** (M, F, X, UNK) / **Pregnant?** (YES, NO) / **Fasting?** (h pc)

ORDERING PRACTITIONER NAME, MSP NUMBER, ADDRESS and PHONE
PRACTITIONERS with multiple clinic sites indicate where to send results

ORDERING PRACTITIONER FAX NUMBER

PRIMARY CONTACT NUMBER OF PATIENT / **SECONDARY CONTACT NUMBER OF PATIENT** / **OTHER CONTACT INFORMATION OF PATIENT**
Provide secondary/alternate phone number for CRITICAL RESULTS.

ADDRESS OF PATIENT
If this is a STAT order please provide contact telephone number:

CITY/TOWN / **PROVINCE** / **POSTAL CODE**
Copy to PRACTITIONER/Practitioner MSP Number & Clinic Name/Address:

DIAGNOSIS / RELEVANT MEDICAL CONDITION
Copy to PRACTITIONER/Practitioner MSP Number & Clinic Name/Address:

CURRENT MEDICATIONS / ANTIBIOTICS / DATE AND TIME OF LAST DOSE

LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, & PHN

HEMATOLOGY	URINE TESTS	THERAPEUTIC DRUGS
<input type="checkbox"/> Hematology profile <input type="checkbox"/> Prothrombin time / INR On Anticoagulant? <input type="radio"/> Yes <input type="radio"/> No Specify:	<input type="checkbox"/> Albumin / Creatinine ratio (ACR) <input type="checkbox"/> Creatinine Clearance / 24-hour Urine Creatinine <input type="checkbox"/> Macroscopic → Microscopic if dipstick positive	<input type="checkbox"/> Clozapine <input type="checkbox"/> Digoxin <input type="checkbox"/> Lithium <input type="checkbox"/> Phenytoin <input type="checkbox"/> Primidone <input type="checkbox"/> Valproic Acid
ANEMIA MARKERS	LIPIDS	DRUG SCREENING
<input type="checkbox"/> B12 <input type="checkbox"/> Ferritin (query iron deficiency) <input type="checkbox"/> Iron <input type="checkbox"/> Transferrin	<input checked="" type="radio"/> one 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). <input type="checkbox"/> Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol, & Triglycerides (Baseline or Follow-up of complex dyslipidemia) <input type="checkbox"/> Follow-up Lipid Profile - Total, HDL & non-HDL cholesterol only <input type="checkbox"/> Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated)	<input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine / Cocaine metabolite <input type="checkbox"/> Fentanyl <input type="checkbox"/> Methadone <input type="checkbox"/> Methadone metabolite <input type="checkbox"/> Opiates <input type="checkbox"/> Oxycodone
CHEMISTRY		
<input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chloride <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine / eGFR <input type="checkbox"/> Glucose - fasting (fasting a minimum 8 hours) <input type="checkbox"/> Glucose - random <input type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> Albumin <input type="checkbox"/> T. Protein <input type="checkbox"/> Bilirubin - direct <input type="checkbox"/> Bilirubin - total <input type="checkbox"/> Alk phos <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> Creatinine kinase (CK) <input type="checkbox"/> GGT <input type="checkbox"/> Lactate dehydrogenase (LD) <input type="checkbox"/> TSH	
SIGNATURE OF PRACTITIONER	DATE SIGNED	
DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR NAME
INSTRUCTIONS TO PATIENTS		

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.

Save Print Clear Form



Provide an alternate contact who can follow up on critical results if you are unavailable.



“Copy to” fields are not mandatory. Examples of “copy to” are the client’s primary care physician or nurse practitioner that the client would like results shared with. **Note:** even if another primary care provider is listed in the “copy to” field, the ordering practitioner is still responsible for follow-up of the laboratory result.

As of August 30, 2024, pharmacists are designated as “referring practitioners” in the Laboratory Services Regulation (LSR). The designation allows them to order certain laboratory tests, as benefits, for the purpose of medication management. Learn more about pharmacist lab test referrals.