



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, ICB/WorkSafeBC NUMBER, LAST NAME OF PATIENT, FIRST NAME OF PATIENT, DOB, SEX, M/F, Pregnant?, Fasting?, PRIMARY CONTACT NUMBER OF PATIENT, SECONDARY CONTACT NUMBER OF PATIENT, OTHER CONTACT NUMBER OF PATIENT, ADDRESS OF PATIENT, CITY/TOWN, PROVINCE, POSTAL CODE

DIAGNOSIS, CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY, URINE TESTS, CHEMISTRY. Includes checkboxes for Hematology profile, INR, Ferritin, HFE, Macroscopic/microscopic urine tests, Glucose, GTT, Hemoglobin A1c, Albumin/creatinine ratio.

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

ROUTINE CULTURE. On Antibiotics? Throat, Sputum, Blood, Urine, Superficial Wound, Deep Wound, 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.

GONORRHEA (GC) CULTURE. Source/site: Cervix, Urethra, Throat, Rectum.

STOOL SPECIMENS. History of bloody stools? C.difficile testing, Stool culture, Stool ova & parasite exam.

DERMATOPHYTES. Dermatophyte culture, KOH prep (direct exam). Specimen: Skin, Nail, Hair.

MYCOLOGY. Yeast, Fungus. Site:

HEPATITIS SEROLOGY. Acute viral hepatitis undefined etiology, Chronic viral hepatitis undefined etiology, Investigation of hepatitis immune status, Hepatitis marker(s), HIV Serology.

OTHER TESTS - Standing Orders Include expiry & frequency. ECG, FIT (Age 50-74 asymptomatic q2y), FIT No copy to Colon Screening Program.

This requisition is for FIT only. For Lab Staff: If unable to accession the requisition due to incomplete or inaccurate patient or provider information, please direct the patient to contact the Colon Screening Program for a new requisition 1-877-702-6566.

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.

THYROID FUNCTION. For other thyroid investigations, please order specific tests below and provide diagnosis. Monitor thyroid replacement therapy (TSH Only), Suspected Hypothyroidism, Suspected Hyperthyroidism.

OTHER CHEMISTRY TESTS. Sodium, Potassium, Albumin, Alk phos, ALT, B12, Bilirubin, GGT, T. Protein, Creatinine / eGFR, Calcium, Creatine kinase (CK), PSA - Known or suspected prostate cancer (MSP billable), PSA screening (self-pay), Pregnancy test, beta-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: