

COMPLETE and ACCURATE information is required in all shaded areas.

Patient Surname (from CareCard)		First	Initial(s)	Date of Birth		Sex
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> Patient <input type="checkbox"/> Other _____		PHN _____		DAY	MONTH	YEAR
Patient Address		City, Province	Postal Code	Patient Telephone Number		<input type="checkbox"/> F <input type="checkbox"/> M
Ordering Physician, Address, MSP Practitioner Number		Locum for: Physician _____	C0 Number _____	Date/Time of Collection	Phlebotomist	Data Entry
Copy to: Address, MSP Practitioner Number		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting _____ hours prior to test	Date/Time/Name of Medication		Telephone Requisition Received By: _____
				INITIAL/DATE		
Diagnosis and indications for guideline protocol and special tests						

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

HEMATOLOGY

Hematology profile On Anticoagulant? Yes No

INR Specify: _____

Ferritin (query iron deficiency)

HFE – Hemochromatosis (check ONE box only)

Confirm diagnosis (ferritin first, ± TS, ± DNA testing)

Sibling/parent is C282Y/C282Y homozygote (DNA testing)

CHEMISTRY

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 test 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

<input type="checkbox"/> Sodium	<input type="checkbox"/> Creatinine/eGFR
<input type="checkbox"/> Potassium	<input type="checkbox"/> Calcium
<input type="checkbox"/> Albumin	<input type="checkbox"/> Creatine kinase (CK)
<input type="checkbox"/> Alk phos	<input type="checkbox"/> PSA - Known or suspected prostate cancer (MSP billable)
<input type="checkbox"/> ALT	<input type="checkbox"/> PSA screening (self-pay)
<input type="checkbox"/> B12	<input type="checkbox"/> Pregnancy Test
<input type="checkbox"/> Bilirubin	<input type="checkbox"/> β-HCG - quantitative
<input type="checkbox"/> GGT	
<input type="checkbox"/> T. Protein	

The personal information collected on this form and any medical data subsequently developed will be used and disclosed only as permitted or required by the Personal Information Protection Act (and related acts and regulations) of British Columbia. LifeLabs privacy policy is available at www.lifelabs.com. Use of this form implies consent for the use of de-identified patient data and specimens for quality assurance purposes.

MICROBIOLOGY

LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR 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? No 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: _____

Date _____

Requisition is valid for one year from the date of issue.

URINE TESTS

Macroscopic → microscopic if dipstick positive

Macroscopic → urine culture if pyuria or nitrite present

Macroscopic (dipstick) Microscopic*

*Clinical information for microscopic required:

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

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

Standing Order requests - expiry and frequency must be indicated

Practitioner Signature: _____

You will be asked to present your Care Card/BC Services Card at each visit.

For tests not covered by MSP, payment can be made by VISA, MasterCard and Debit.

Test Results for clinicians: 1-800-431-7206. Patients can register to receive test results at www.myehealth.ca

Patient Service Centres	Hours (Monday to Friday)	Fax
Kamloops - St. Paul 135 - 546 St. Paul Street	8:00 to 4:00	(250) 374-5638
Kamloops - Nicola 202 - 321 Nicola Street	8:00 to 3:00	(250) 372-0588
Kamloops - Tranquille 1 - 685 Tranquille Road	7:00 to 4:00; (Sat. 7:00 to 12:00)	(250) 376-4165
Kamloops - Harrison 1966 Harrison Way	8:00 to 4:00	(250) 377-7504
Prince George 110 - 1669 Victoria Street	7:00 to 4:00; (Sat. 7:00 to 12:00)	(250) 562-7358
Quesnel 15 - 665 Front Street	7:30 to 3:00	(250) 992-5889
Terrace 105 - 4634 Park Avenue	8:00 to 4:00	(250) 615-0332
Dawson Creek 2 - 705 - 103rd Avenue	7:30 to 3:00	(250) 782-5764
Nelson 806 Vernon Street	8:00 to 4:00	(250) 352-6628
Kimberley 260 - 4th Avenue	7:00 to 2:30	(250) 427-2108
Scotch Creek 2 - 3874 Squilax-Anglemont Road	9:00 to 1:00 (Wed and Fri only)	

PATIENT INSTRUCTIONS: (unless otherwise indicated by your physician)

Fasting Required: Do not eat or drink (except water) for **8-12 hours** before the following tests:

- GLUCOSE - fasting
- GTT-gestational diabetes confirmation and GTT - non pregnant
- LIPIDS/CHOLESTEROL - if indicated

Note: Chewing gum and brushing teeth during the fasting period is acceptable.

Fasting is preferred, but not required for the following tests:

- Homocysteine, Iron/Transferrin

H. Pylori: Do not eat, drink (except water), or smoke for **4 hours** before the test. Do not drink **any** fluid for the last hour of fasting.

AM Cortisol and Testosterone: Collect sample within 3 hours of waking

Patient Instructions are also available on our website www.lifelabs.com

APPOINTMENTS ARE REQUIRED FOR THE FOLLOWING TESTS:

Call to schedule an appointment Mon - Fri from 9am - 5pm
604-412-4495 or Toll Free 1-855-412-4495

- Ambulatory Blood Pressure
- DOT/non-DOT Drug Screen
- Holter Monitor
- Lactose Tolerance/Hydrogen Breath Test
- Semen Analysis

APPOINTMENTS ARE AVAILABLE BUT NOT REQUIRED FOR THE FOLLOWING TESTS:

- Legal Drug Screen - See LifeLabs.com for a list of designated locations
- Panorama Pre-Natal Screening Test

For tests not listed above, you may arrive without an appointment OR schedule an appointment at a LifeLabs location online at www.lifelabs.com.