

**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	Telephone Requisition Received By: _____		Room # (LTC use only)
				Date/Time/Name of Medication		
				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](http://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

Sodium  Creatinine/eGFR

Potassium  Calcium

Albumin  Creatine kinase (CK)

Alk phos  PSA - Known or suspected prostate cancer (MSP billable)

ALT  PSA screening (self-pay)

B12  Pregnancy Test

Bilirubin  β-HCG - quantitative

GGT

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](http://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](http://www.myehealth.ca)

<b>Bowen Island</b> 103 - 495 Bowen Island Trunk Rd	<b>MON-FRI</b> 6:45 - 8:45am (Tues & Thurs)	<b>SAT</b>
<b>Campbell River</b> 465 Mercroft Rd., Unit B-5B	6:30-4:00	
<b>Courtenay</b> 12-1599 Cliffe Ave.	8:00-4:00	7:30-11:30
<b>Denman Island</b> 3351 Piery Road	8:45-9:30am (Wed Only)	
<b>Duncan</b> 208-2763 Beverly St. 102-149 Ingram St.	7:00-4:00 7:30-4:30	7:00-12:00
<b>Gabriola Island</b> 101-691 Church St.	8:00-12:00	
<b>Hornby Island</b> 1855 Sollans Road	8:45 - 10:30am (Thurs Only)	
<b>Ladysmith</b> 28-370 Davis Rd.	7:30-4:00	
<b>Lake Cowichan</b> 1-78 Cowichan Lake Rd.	7:30-12:00	
<b>Mill Bay</b> 240-2720 Mill Bay Rd.	8:00-4:30	
<b>Nanaimo</b> 106-650 S.Terminus Ave. (Port Place Mall) 203-6010 Brickyard Rd. 107-50-10th St. (Southgate Mall) 470-2980 Island Hwy. N (Rock City Mall) 155-4750 Rutherford Rd.	8:00-4:00 6:30-4:30 7:30-4:00 7:30-4:00 7:30-5:00	7:00-12:00 7:00-3:00

<b>Parksville</b> 489 Alberni Hwy. (Oceanside Health Centre)	<b>MON-FRI</b> 7:30-5:30	<b>SAT</b> 7:30-3:00
<b>Port Alberni</b> 106-3949 Maple Way	7:30-3:30	
<b>Qualicum Beach</b> 102-670 Memorial Ave.	8:00-4:00	7:00-11:00
<b>Sidney</b> 101-2475 Bevan Ave.	7:00-4:00	
<b>Sooke</b> 1260-6660 Sooke Rd.	8:00-4:00	
<b>Victoria</b> 416-645 Fort St. 6-101 Burnside Rd. West 210-547 Michigan St. 230-174 Wilson St. 582 Goldstream Ave. 130-1900 Richmond Rd. 200-1120 Yates St. 102-4480 West Saanich Rd. 200-1590 Cedar Hill X Rd. 890B Esquimalt Rd. 102-1990 Fort St. 220-1641 Hillside Ave. 125-2401G Millstream Rd. 131-2945 Jacklin Rd.	8:00-2:00 7:30-4:30 8:00-4:00 8:00-4:30 6:30-5:00 7:00-4:00 7:00-5:00 6:30-4:30 6:30-5:00 7:30-1:00 8:00-4:30 7:30-5:00 8:00-4:00 7:00-4:00	7:00-3:00

**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](http://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](http://www.lifelabs.com).