

Completing LifeLabs Requisition

Misidentified patient specimens pose a significant safety risk to patients, as they may lead to delayed or inappropriate diagnoses and/or treatments. Please ensure the laboratory requisition is properly filled out and/or labeled with the information below.

1	Patient Surname (from CareCard) Doe	First Jane	Initial(s) 	Date of Birth 16 DAY May MONTH 1982 YEAR	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> M
4	Bill to: <input checked="" type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> Patient <input type="checkbox"/> Other PHN 9876543211 I.D. Number _____	Chart Number		Room # (LTC use only)	
5	Patient Address 1234 Healthy Road	City, Province Burnaby BC	Postal Code V3H 5T1	Patient Telephone Number (604) 123-4567	
6	Ordering Physician, Address, MSP Practitioner Number Dr. Bob Smith (MSC# 123) 999 Gilmore Way Burnaby BC V3H 7G8 (604) 987-6543	7 Locum for: Physician Dr H Robert MSC # 222	CO Number	Date/Time of Collection	Phebotomist
8	Copy to Dr J Peter (MSC# 4567)	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fasting _____ hours prior to test <input type="checkbox"/> Phone <input type="checkbox"/> Fax	Date/Time/Name of Medication		Telephone Requisition Received By: INITIAL/DATE
9	Diagnosis and indications for guideline protocol and special tests Diabetic				

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

1.	Patient name (last name, first name, initial(s))	7.	Locum physician and MSC # (if applicable)
2.	Full birthdate	8.	Copy to physician and MSC # (if applicable)
3.	Gender	9.	Provide diagnosis and indications for special tests
4.	PHN or alternate billing checked	10.	Tick off test(s) (consult provincial guidelines and protocols for tests indicated with a shaded box)
5.	Patient current address and phone number	11.	List other test(s) that are not on the requisition
6.	Ordering physician (including MSP#, address and phone number)	12.	Signature and date

10	<input checked="" type="checkbox"/> Monitor thyroid replacement therapy (TSH Only) <input type="checkbox"/> Suspected Hypothyroidism TSH first (plus FT4 if required) <input checked="" type="checkbox"/> Suspected Hyperthyroidism, TSH first (plus FT4 or FT3 if required) OTHER CHEMISTRY TESTS <input type="checkbox"/> Sodium <input type="checkbox"/> Creatinine/eGFR <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input checked="" 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"/> Bilirubin <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> GGT <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> T. Protein	<input type="checkbox"/> Non-nominal reporting OTHER TESTS <input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program. <input type="checkbox"/> Fecal Occult Blood (other indications)
	history of bloody stools / <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> C. difficile testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool ova & parasite exam <input type="checkbox"/> Stool ova & parasite (high risk, 2 samples) DERMATOPHYTES <input type="checkbox"/> Dermatophyte culture <input type="checkbox"/> KOH prep (direct) <input type="checkbox"/> Ha Specimen: <input type="checkbox"/> Skin <input type="checkbox"/> Nail <input type="checkbox"/> Hair Site: _____ MYCOLOGY <input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	11 Urea ANA CRP Standing Order requests - expiry and frequency must be indicated Physician Signature <i>B. Smith</i>
	Date 15-Jun-2016 Requisition is valid for one year from the date of issue.	12

Approved by: Medical Director BC	Current	
Doc. Owner: Mgr - QRA - Tec Quality	Ver: 2.0	
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