

Guidelines for Submitting Specimens to LifeLabs for Testing - General

Misidentified patient specimens pose a significant safety risk to patients, as they may lead to delayed or inappropriate diagnoses and/or treatments. Please ensure each specimen submitted for testing at LifeLabs is fully labeled and the accompanying requisition is completed in full as outlined below. **Improperly labeled specimens or incomplete requisitions may result in delayed testing or specimen rejection.**

Requisition

1	Patient Surname (from CareCard) Doe		First Jane	Initial(s)	Date of Birth 16 May 1982			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 _____				Chart Number		Room # (LTC use only)	
	PHN 9876543211		I.D. Number _____					
	Patient Address 1234 Healthy Road		City, Province Burnaby BC	Postal Code V3H 5T1		Patient Telephone Number (604) 123-4567		
5	Ordering Physician, Address, MSP Practitioner Number Dr. Bob Smith (MSP# 123) 999 Gilmore Way Burnaby BC V3H 7G8		Locum for: Physician _____ MSC # _____	CO Number	6	Date/Time of Collection 15-Dec-2013 @ 2pm		Phlebotomist
					Date/Time/Name of Medication			

MICROBIOLOGY		LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR PHN & SITE	
<u>ROUTINE CULTURE</u>			
List current antibiotics: _____			
<input type="checkbox"/> Throat	<input type="checkbox"/> Sputum	<input type="checkbox"/> Blood	
<input checked="" type="checkbox"/> Superficial Wound	Site: Left buttock	8	
<input type="checkbox"/> Deep Wound	Site: _____		
<input type="checkbox"/> Other: _____			
<u>VAGINITIS</u>			
<input type="checkbox"/> Initial (smear for BV & yeast only)			
<input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas)			
<input type="checkbox"/> Trichomonas testing			
<u>GROUP B STREP SCREEN (Pregnancy only)</u>			

1.	Patient full name
2.	Full birthdate
3.	Gender
4.	PHN or alternate billing checked
5.	Ordering physician (including MSP#, address and phone number)
6.	Date and time of collection (if applicable)
7.	Tick off test(s) (consult provincial guidelines and protocols for tests indicated with a shaded box)
8.	Site of collection

Specimen

Specimen container example

Name (Last name, First name) Doe, Jane	
DOB (DD-MM-YYYY) 16 May 1982	PHN 9876543211
Site of specimen Left buttock	
Date of collection 15-Dec-2013	



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