

COMPLETE and ACCURATE information is required in all shaded areas.

Patient Surname (from BC Services Card)		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 _____ I.D. Number _____				DAY MONTH YEAR	<input type="checkbox"/> F <input type="checkbox"/> M
Patient Address		City, Province	Postal Code	Patient Telephone Number	
Ordering Physician, Address, MSP Practitioner Number		Locum for: Physician _____ MSC # _____	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	<input type="checkbox"/> Phone <input type="checkbox"/> Fax	Telephone Requisition Received By: _____ INITIAL/DATE
Diagnosis and indications for guideline protocol and special tests					
For tests indicated with a shaded tick box <input type="checkbox"/> , 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, \pm TS, \pm 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 \rightarrow microscopic if dipstick positive
☐ Macroscopic \rightarrow 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, \pm 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: _____

BEFORE YOUR VISIT



Visit **LifeLabs.com** to book an appointment

Please note that Walk-in and Save My Spot options are available only at select locations



The following tests require a Specialty Appointment.

Please call **1-855-412-4495** Mon-Fri, **9am-5pm**

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

PREPARING FOR YOUR VISIT



Please bring your BC Services Card and printed requisition



Additional preparation is needed for the following tests:

Urine Sample: Arrive with a full bladder

Fasting test: Do not eat or drink anything except water for 8-12 hours before your test

H Pylori: Do not eat, drink or smoke for 4 hours before the test. Water is permitted up to 1 hour before testing.

AM Cortisol and Testosterone: Sample must be collected within 3 hours of waking

DURING YOUR VISIT



At check-in, you will receive instructions on the next steps.

- 1 For tests collected at the PSC, you will sign in at the front desk by presenting your BC Services Card and requisition.
- 2 Staff will retain your requisition, provide an estimated wait time, and ask you to remain in the waiting room until you're called for service

AFTER YOUR VISIT



Your sample will be taken to one of our laboratory testing facilities for processing and reporting.



Look for your results on **mycarecompass.com**. Ask for your Lab Visit Number to register



Leave a review of your visit at **LifeLabs.com**