

**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 _____		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

<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](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: \_\_\_\_\_

## 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**