LifeLabs®

# Laboratory Requisition

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians. It is for the use of authorized health care providers only.

THIS AREA IS FOR LAB USE

**COMPLETE and ACCURATE information is required in all shaded areas.**

Patient Surname (from BC Services Card) | First | Initial(s) | Date of Birth (DAY / MONTH / YEAR) | Sex ☐ F ☐ M

Bill to: ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ Patient ☐ Other _____

PHN _____ I.D. Number _____

Chart Number | Room # (LTC use only)

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 | Data Entry

Date/Time/Name of Medication | Phlebotomist

Copy to: Address, MSP Practitioner Number

Pregnant ☐ Yes ☐ No

☐ Fasting ____ hours prior to test

☐ Phone ☐ Fax

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)

## 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 confimation (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
- ☐ Potassium
- ☐ Albumin
- ☐ Alk phos
- ☐ ALT
- ☐ B12
- ☐ Bilirubin
- ☐ GGT
- ☐ T. Protein
- ☐ Creatinine/eGFR
- ☐ Calcium
- ☐ Creatine kinase (CK)
- ☐ PSA - Known or suspected prostate cancer (MSP billable)
- ☐ PSA screening (self-pay)
- ☐ Pregnancy Test
- ☐ ß-HCG - quantitative



## 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? ☐ 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: _____

## 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

Date

Requisition is valid for one year from the date of issue.

Practitioner Signature:

## BEFORE YOUR VISIT

Visit **LifeLabs.com** to book an appointment. All locations in British Columbia offer appointments, including same-day. Walk-ins are also welcome.

The following tests require a Specialty Appointment.
Please call **1-855-412-4495** Mon-Fri, **9am-5pm**

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

## 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 Patient Service Centre, you will be asked to sit in the waiting room until you are called for service

   For those picking up collection kits, you will be registered and will wait in the waiting room until your kit is ready

2. Pre-Collected samples must be checked by a Lab Assistant before they are dropped off

3. Our highly trained Medical Lab Assistants will review your testing requirements, select the right equipment and make your experience as pleasant as possible

## 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.

Tell us how we did! Complete a survey about your visit at:
**MyFeedbackLifeLabs.com**