LifeLabs®

STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER
PRACTITIONERS with multiple clinic sites indicate address results to be sent

Yellow highlighted fields must be completed.

For tests indicated with an asterisk (*), consult provincial guidelines and protocols (www.BCGuidelines.ca)
https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines

Bill to → ◯ MSP ◯ ICBC ◯ WorkSafeBC ◯ PATIENT ◯ OTHER: _____

PERSONAL HEALTH NUMBER	ICBC/WorkSafeBC NUMBER	If LOCUM above indicate for which PRACTITIONER and include MSP #

LAST NAME OF PATIENT	FIRST NAME OF PATIENT	If this is a STAT order please provide contact telephone number:

DOB YYYY MM DD	SEX		Copy to PRACTITIONER/MSP Practitioner Number & Clinic Name/Address:
	◯ M ◯ F ◯ X ◯ UNK	Pregnant? ◯ YES ◯ NO ☐ Fasting? _____ h pc	

PRIMARY CONTACT NUMBER OF PATIENT	SECONDARY CONTACT NUMBER OF PATIENT	OTHER CONTACT NUMBER OF PATIENT	Copy to PRACTITIONER/MSP Practitioner Number & Clinic Name/Address:

ADDRESS OF PATIENT	CITY/TOWN	PROVINCE	POSTAL CODE

DIAGNOSIS	CURRENT MEDICATIONS / ANTIBIOTICS / DATE AND TIME OF LAST DOSE

HEMATOLOGY

☐ Hematology profile
☐ INR
☐ Ferritin (query iron deficiency)

On Anticoagulant? ◯ Yes ◯ No
Specify: _____

HFE - Hemochromatosis (check ONE only)
* ◯ Confirm diagnosis (ferritin first, ± TS, ± DNA testing)
* ◯ Sibling/parent is C282Y/C282Y homozygote (DNA testing)

URINE TESTS

* ☐ Dipstick (routine screening, or atypical symptoms)
* ☐ Dipstick + Culture if indicated (e.g., risk of resistant uropathogen)
* ☐ Microscopy (nephritis work up / suspected pediatric UTI)
* ☐ Culture (Symptomatic UTI, pregnancy, pre-urological procedure)

CHEMISTRY

* ☐ Glucose – fasting (fasting a minimum of 8-hours)
☐ Glucose – random
☐ GTT – gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
☐ GTT – gestational diabetes screen (50 g load, 1 hour post-load)
☐ GTT – non-gestational diabetes (75 g load, fasting, 2-hour test)
☐ Hemoglobin A1c
☐ Albumin/creatinine ratio (ACR) - Urine

MICROBIOLOGY

Label all specimens with patient's first & last name, DOB, PHN & site

ROUTINE CULTURE → Penicillin Allergy? ◯ Yes ◯ No

☐ Throat ☐ Sputum ☐ Blood
☐ Superficial Wound, Site: _____
☐ Deep Wound, Site**: _____
☐ Other, Site**: _____
**Clinical information required: _____
☐ Genital Culture Site: _____
History: ☐ Peripartum ☐ Pelvic / Genitourinary Surgery
☐ Other: _____
☐ Group B Strep Pregnancy Screen (vagino-anorectal swab)
☐ Penicillin Allergy

STI TESTS

☐ Chlamydia / Gonorrhea NAAT ☐ Trichomonas NAAT
Site: ☐ Vagina ☐ Urine (first catch) ☐ Cervix
☐ Urethra ☐ Other: _____
☐ Gonorrhea (GC) Culture Site: _____

VAGINITIS

☐ Initial (Bacterial Vaginosis / Yeast)
☐ Chronic/recurrent (Bacterial Vaginosis / Yeast identification)
☐ Pre-Pubertal or Post-Menopausal (Culture)

DERMATOPHYTES

☐ Dermatophyte culture ☐ KOH prep (direct exam)
Specimen: ☐ Skin ☐ Nail ☐ Hair Site: _____

MYCOLOGY

☐ Yeast ☐ Fungus Site: _____

SEROLOGY TESTS

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**
☐ **Syphilis Screening**

STOOL TESTS

☑ one only (IDP includes C. difficile testing)
* ◯ Infectious Diarrhea Panel * ◯ C. difficile testing

MISCELLANEOUS TESTS

☐ ECG
◯ FIT (Age 50-74 asymptomatic q2y), Copy - Colon Screening Program
◯ FIT, No copy to Colon Screening Program

OTHER TESTS

LIPIDS

☑ one 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 tests 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
☐ 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

STANDING ORDERS (Including effective date, expiry date and frequency. Standing orders are valid for a max of 2 yrs/24 mos)

SIGNATURE OF PRACTITIONER

DATE SIGNED

DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR	TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)

INSTRUCTIONS TO PATIENTS

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

BEFORE YOUR VISIT

Visit **LifeLabs.com** to book an appointment. All locations in British Columbia offer appointments, and walk-ins are welcome as well.

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.
AM Cortisol: Please have your sample collected between **7:00 AM and 10:00 AM.**
PM Cortisol: Please have your sample collected between **3:00 PM and 6:00 PM.**
Testosterone: Please have your sample collected within **3 hours of waking up.**
H. Pylori Breath: Please avoid eating, drinking (including water), smoking, vaping, and chewing gum for at least **1 hour before sample collection.**

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.** Please ask for your Lab Visit Number when you arrive to register.

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