

Physicians' Lab Update / Newsletter

June 2014

New Outpatient Laboratory Requisition

A new outpatient lab requisition form will be distributed to physicians starting in June 2014. Below are the new requisitions for LifeLabs and BC Biomedical with the highlights of the changes indicated.

LifeLabs Medical Laboratory Services
Laboratory Requisition
This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians.

THIS AREA IS FOR LAB USE

COMPLETE and ACCURATE information is required in all shaded areas.

Patient Surname (from CareCard) First Initial(s) Date of Birth Sex
 Bill to: MSP ICBC WorkSafeBC Patient Other
 PIN Number I.D. Number Patient Telephone Number
 Patient Address City, Province Postal Code
 Ordering Physician, Address, MSP Practitioner Number Locum for: CD Number Date/Time of Collection Phlebotomist
 Physician MSC # Date/Time/Name of Medication
 Copy to: Yes No Fasting Phone Fax Telephone Requisition Received By: INITIALS/DATE
 Diagnosis and indications for guideline protocol and special tests

For tests indicated with a shaded tick box, consult provincial guidelines and protocols (www.BCCGuidelines.ca)

1 HEMATOLOGY	2 MICROBIOLOGY	3 CHEMISTRY	4 URINE TESTS
<input type="checkbox"/> Hb profile <input type="checkbox"/> PT/APTT <input type="checkbox"/> On Warfarin? <input type="checkbox"/> Ferritin (iron deficiency) HFE - Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (Ferritin first, ± TS, ± DNA testing) <input type="checkbox"/> Confirm diagnosis (Ferritin first, ± TS, ± DNA testing) <input type="checkbox"/> Confirm diagnosis (Ferritin first, ± TS, ± DNA testing) <input type="checkbox"/> Confirm diagnosis (Ferritin first, ± TS, ± DNA testing)	ROENTGEN CULTURE List current antibiotics: <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Superficial Wound Site: <input type="checkbox"/> Deep Wound Site: <input type="checkbox"/> Other: GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> Vagino-ano-genital swab <input type="checkbox"/> Penicillin allergy <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing CHLAMYDIA (CT) & GONORRHEA (GC) CT & GC Testing Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> GC culture: <input type="checkbox"/> Throat <input type="checkbox"/> Rectal STOOL SPECIMENS History of bloody stools? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> C. difficile testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool over & parasite exam <input type="checkbox"/> Stool over & parasite (high risk, 2 samples)	<input type="checkbox"/> Glucose (use reverse for patient instructions) <input type="checkbox"/> GTT - gestational diabetes screen (50 g load, 1 hour post-load) <input type="checkbox"/> GTT - gestational diabetes confirmation (75 g load, fasting, 1&2 hours test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine LIPIDS <input type="checkbox"/> One box only. For other lipid investigations, please order under Other Tests section and provide diagnosis. <input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up <input type="checkbox"/> Lipid profile, Total, HDL, non-HDL, LDL, Cholesterol, Triglycerides, fasting <input type="checkbox"/> Follow-up of treated hypercholesterolemia (Total, HDL, & non-HDL, Cholesterol, fasting not required) <input type="checkbox"/> Follow-up of treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> Safety lipid profile (non-MSP billable, fasting) THYROID FUNCTION <input type="checkbox"/> One box only. For other thyroid investigations, please order under Other Tests section and provide diagnosis. <input type="checkbox"/> Monitor thyroid replacement therapy (TSH Only) <input type="checkbox"/> Suspected hyperthyroidism TSH first (plus FT4 if diagnosed) <input type="checkbox"/> Suspected hypothyroidism, TSH first (plus FT4 or FT3 if required)	<input type="checkbox"/> Urine culture - flat culture and antifungal <input type="checkbox"/> Microscopic - microscopic if dipstick positive <input type="checkbox"/> Microscopic - urine culture if yeast or nitrite present <input type="checkbox"/> Microscopic (dipstick) <input type="checkbox"/> Microscopic <input type="checkbox"/> Special stain (if ordered together) HEPATITIS SEROLOGY List current antibiotics: <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial Wound Site: <input type="checkbox"/> Deep Wound Site: <input type="checkbox"/> Other: <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> High-ano-genital swab <input type="checkbox"/> Penicillin allergy CHLAMYDIA (CT) & GONORRHEA (GC) CT & GC Testing Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> GC culture: <input type="checkbox"/> Throat <input type="checkbox"/> Rectal STOOL SPECIMENS History of bloody stools? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> C. difficile testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool over & parasite exam <input type="checkbox"/> Stool over & parasite (high risk, 2 samples)

5 HEPATITIS SEROLOGY
List current antibiotics:
 Throat Sputum Blood Urine
 Superficial Wound Site:
 Deep Wound Site:
 Other:
 Initial (smear for BV & yeast only)
 Chronic/recurrent (smear, culture, trichomonas)
 Trichomonas testing
GROUP B STREP SCREEN (Pregnancy only)
 High-ano-genital swab Penicillin allergy
CHLAMYDIA (CT) & GONORRHEA (GC)
CT & GC Testing
Source/site: Urethra Cervix Urine
 GC culture: Throat Rectal
STOOL SPECIMENS
History of bloody stools? Yes No
 C. difficile testing
 Stool culture
 Stool over & parasite exam
 Stool over & parasite (high risk, 2 samples)

6 HIV SEROLOGY
List current antibiotics:
 Throat Sputum Blood Urine
 Superficial Wound Site:
 Deep Wound Site:
 Other:
 Initial (smear for BV & yeast only)
 Chronic/recurrent (smear, culture, trichomonas)
 Trichomonas testing
GROUP B STREP SCREEN (Pregnancy only)
 High-ano-genital swab Penicillin allergy
CHLAMYDIA (CT) & GONORRHEA (GC)
CT & GC Testing
Source/site: Urethra Cervix Urine
 GC culture: Throat Rectal
STOOL SPECIMENS
History of bloody stools? Yes No
 C. difficile testing
 Stool culture
 Stool over & parasite exam
 Stool over & parasite (high risk, 2 samples)

OTHER TESTS
 Fecal Occult Blood (Age 50-74 asymptomatic only)
Copy to Colon Screening Program.
 ECG
 Fecal Occult Blood (other indications)

OTHER CHEMISTRY TESTS
 Sodium Creatinine/eGFR
 Potassium Calcium
 Albumin Creatine kinase (CK)
 ALT PSA - Known or suspected prostate cancer (MSP billable)
 Bilirubin PSA screening (self-pay)
 GOT Pregnancy Test
 T. Protein Swam Urine

The personal information on this form and any medical data subsequently developed will be collected and used in compliance with the Personal Information Protection Act of British Columbia to provide medical services. Our privacy policy is available at www.lifelabs.com.
 Use of this form requires consent from the identified patient and specimens to quality assurance purposes.
 MSP FORM 0002
 Requisition is valid for one year from the date of issuance. 03/08/04/14

BCBiomedical LABORATORIES
For locations and hours of operation, please visit www.bcbi.com

LABORATORY REQUISITION
For locations and hours of operation, please visit www.lifelabs.com

This requisition form, when completed for tests performed by BC Biomedical Laboratories, is a medical referral to the laboratory/physician of BC Biomedical Laboratories.

Yellow highlighted fields must be completed to avoid delays in specimen collection and patient processing. For tests indicated with a blue tick box, consult provincial guidelines and protocols (www.BCCGuidelines.ca).

Bill to: MSP ICBC WorkSafeBC Patient OTHER

LOCUM FOR PHYSICIAN: _____

MSP PRACTITIONER NUMBER: _____

PATIENT TELEPHONE NUMBER: _____

ORDERING PHYSICIAN, ADDRESS, MFP PRACTITIONER NUMBER: _____

DATE: _____

TIME: _____

PHLEBOTOMIST: _____

TELEPHONE NUMBER RECEIVED BY (if applicable): _____

DIAGNOSIS: _____

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE: _____

1 HEMATOLOGY	2 MICROBIOLOGY	3 CHEMISTRY	4 URINE TESTS	5 HEPATITIS SEROLOGY	6 HIV SEROLOGY	
<input type="checkbox"/> Hematology profile <input type="checkbox"/> PFGE <input type="checkbox"/> Ferritin (iron deficiency) HFE - Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (Ferritin first, ± TS, ± DNA testing) <input type="checkbox"/> Confirm diagnosis (Ferritin first, ± TS, ± DNA testing) <input type="checkbox"/> Confirm diagnosis (Ferritin first, ± TS, ± DNA testing)	ROENTGEN CULTURE List current antibiotics: <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Superficial Wound Site: <input type="checkbox"/> Deep Wound Site: <input type="checkbox"/> Other: GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> Vagino-ano-genital swab <input type="checkbox"/> Penicillin allergy <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing CHLAMYDIA (CT) & GONORRHEA (GC) CT & GC Testing Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> GC culture: <input type="checkbox"/> Throat <input type="checkbox"/> Rectal STOOL SPECIMENS History of bloody stools? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> C. difficile testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool over & parasite exam <input type="checkbox"/> Stool over & parasite (high risk, 2 samples)	<input type="checkbox"/> Glucose (use reverse for patient instructions) <input type="checkbox"/> GTT - gestational diabetes screen (50 g load, 1 hour post-load) <input type="checkbox"/> GTT - gestational diabetes confirmation (75 g load, fasting, 1&2 hours test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine LIPIDS <input type="checkbox"/> One box only. For other lipid investigations, please order under Other Tests section and provide diagnosis. <input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up <input type="checkbox"/> Lipid profile, Total, HDL, non-HDL, LDL, Cholesterol, Triglycerides, fasting <input type="checkbox"/> Follow-up of treated hypercholesterolemia (Total, HDL, & non-HDL, Cholesterol, fasting not required) <input type="checkbox"/> Follow-up of treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> Safety lipid profile (non-MSP billable, fasting) THYROID FUNCTION <input type="checkbox"/> One box only. 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Protein <input type="checkbox"/> Swam <input type="checkbox"/> Urine	<input type="checkbox"/> Fecal Occult Blood (Age 50-74 asymptomatic only) Copy to Colon Screening Program. <input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (other indications)

STANDING ORDERS
Include, equity & frequency: _____
 ECG
 Fecal Occult Blood (Age 50-74 asymptomatic only) Copy to Colon Screening Program
 Fecal Occult Blood (Other indications)

OTHER TESTS
 Sodium Creatinine/eGFR
 Potassium Calcium
 Albumin Creatine kinase (CK)
 ALT PSA - Known or suspected prostate cancer (MSP billable)
 Bilirubin PSA screening (self-pay)
 GOT Pregnancy Test
 T. Protein Swam Urine

DATE OF COLLECTION: _____ TIME OF COLLECTION: _____

PHLEBOTOMIST: _____ TELEPHONE NUMBER RECEIVED BY (if applicable): _____

SIGNATURE OF PHYSICIAN: _____ DATE SIGNED: _____

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 health care providers involved in providing care or when required or permitted by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the BC Health Act and/or the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as permitted by these Acts. Our privacy policy is available at www.bcbi.com.

- ### 1 HEMATOLOGY
- Ferritin: Tick box for special case if ordered with iron profile is removed
 - Iron & transferrin saturation: Tick box is removed (must now be written in Other Tests section if required)
 - HFE: Hemochromatosis has 2 tick boxes for Confirm diagnosis or if patient's sibling or parent is a confirmed homozygote - CHECK ONE BOX ONLY
- ### 2 MICROBIOLOGY
- VAGINITIS, GROUP B STREP SCREEN and CHLAMYDIA (CT) & GONORRHEA (GC)**
- Shading of tick boxes is removed

3

CHEMISTRY

GLUCOSE

- 'Glucose __ hours post meal' tick box is removed (must be written in Other Tests section if required).
- 'Non-pregnant 2 hours GTT' tick box is removed (must be written in Other Tests section if required).

LIPIDS

- Addition of non-HDL Cholesterol to 'Baseline Lipid Profile' (fasting required).
- Addition of tick box for 'Follow-up of treated hypercholesterolemia (non-fasting)' and inclusion of non-HDL Cholesterol; does not include Triglycerides or LDL Cholesterol.

THYROID FUNCTION

- 'Monitor Thyroid Replacement Therapy (TSH Only)' tick box moved to top of this section.

OTHER CHEMISTRY TESTS

- Conditions for MSP-billable PSA added: 'known or suspected prostate cancer'.
- Pregnancy Test moved from Urine section and 2 tick boxes added for Serum and Urine.

4

URINE TESTS

- Urine Culture tick boxes are shaded to indicate applicable provincial guideline and protocol

5

HEPATITIS SEROLOGY

- 'Acute viral hepatitis undefined etiology' for Hepatitis B now includes HBsAg and anti-HBc if required *i.e.* if HBsAg is positive; anti-HBs is deleted.

6

HIV SEROLOGY

- Tick box is placed before test, text in brackets clarifies the non-nominal reporting conditions and tick box for Nominal reporting is deleted.

Autoimmune Testing for BC Biomedical Branded Patient Service Centres

Early this summer, specimens collected at BC Biomedical-branded patient service centres for ENA, dsDNA, tTG IgA, CCP, ANCA (MPO, PR3) and anti-phospholipids (cardiolipins IgG & IgM, beta-2 glycoprotein 1 IgG & IgM) will be referred to LifeLabs' Burnaby Reference Laboratory (BRL) for testing on a BioRad BioPlex instrument. Double stranded DNA will continue to be reported in IU/mL while most other assays will be reported in Antibody Index (AI) units (see *Physicians' Lab Update/Newsletter March 2014*). Antinuclear antibody (ANA) testing previously reported together with ENA/dsDNA will continue to be tested by tissue-based immunofluorescence at the former BC Biomedical lab and reported with a separate comment when positive.

Physicians are reminded to review all test results before formulating a diagnosis. Please note that ANA as a screening test should only be requested when there is a high index of suspicion for systemic autoimmune rheumatic disease (*e.g.* systemic lupus erythematosus, scleroderma, Sjögren's syndrome, polymyositis / dermatomyositis), and that a repeat ANA test is rarely indicated (see *Antinuclear Antibody Testing Protocol for Connective Tissue Disease Guideline* at www.health.gov.bc.ca/gpac/pdf/ana.pdf).



1-800-431-7206
www.lifelabs.com



1-800-565-1441
www.bcbio.com

