

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

Patient Surname (from CareCard)		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		
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: _____		
		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))

<b>HEMATOLOGY</b> <input type="checkbox"/> Hematology profile <input type="checkbox"/> PT-INR <input type="checkbox"/> On Warfarin? <input type="checkbox"/> Ferritin (query iron deficiency) HFE – Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (ferritin first, ± TS, ± DNA testing) <input type="checkbox"/> Sibling/parent is C282Y/C282Y homozygote (DNA testing)	<b>MICROBIOLOGY</b> LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR PHN & SITE <b>ROUTINE CULTURE</b> 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: _____ <b>VAGINITIS</b> <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing <b>GROUP B STREP SCREEN</b> (Pregnancy only) <input type="checkbox"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy <b>CHLAMYDIA (CT) &amp; GONORRHEA (GC)</b> <input type="checkbox"/> 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 <input type="checkbox"/> Other: _____ <b>STOOL SPECIMENS</b> 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 ova & parasite exam <input type="checkbox"/> Stool ova & parasite (high risk, 2 samples) <b>DERMATOPHYTES</b> <input type="checkbox"/> Dermatophyte culture <input type="checkbox"/> KOH prep (direct exam) Specimen: <input type="checkbox"/> Skin <input type="checkbox"/> Nail <input type="checkbox"/> Hair Site: _____ <b>MYCOLOGY</b> <input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	<b>URINE TESTS</b> <input type="checkbox"/> Urine culture - list current antibiotics: _____ <input type="checkbox"/> Macroscopic → microscopic if dipstick positive <input type="checkbox"/> Macroscopic → urine culture if pyuria or nitrite present <input type="checkbox"/> Macroscopic (dipstick) <input type="checkbox"/> Microscopic <input type="checkbox"/> Special case (if ordered together)
<b>CHEMISTRY</b> <input type="checkbox"/> Glucose - fasting (see 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 hour test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine		<b>HEPATITIS SEROLOGY</b> <input checked="" type="checkbox"/> One box only. For other Hepatitis Markers, please order under Other Tests section. <input type="checkbox"/> Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg, plus anti-HBc if required) Hepatitis C (anti-HCV) <input type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg, anti-HBc, anti-HBs) Hepatitis C (anti-HCV)
<b>LIPIDS</b> <input checked="" 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 (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"/> Self-pay lipid profile (non-MSP billable, fasting)		<b>Investigation of hepatitis immune status</b> <input type="checkbox"/> Hepatitis A (anti-HAV, total) <input type="checkbox"/> Hepatitis B (anti-HBs) <input type="checkbox"/> Hepatitis marker(s) HBsAg
<b>THYROID FUNCTION</b> <input checked="" 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 Hypothyroidism TSH first (plus FT4 if required) <input type="checkbox"/> Suspected Hyperthyroidism, TSH first (plus FT4 or FT3 if required)		<b>HIV SEROLOGY</b> <input type="checkbox"/> HIV Serology (patient has legal right to choose not to have their name and address reported to public health – non-nominal reporting) <input type="checkbox"/> Non-nominal reporting
<b>OTHER CHEMISTRY TESTS</b> <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"/> Bilirubin <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> GGT <input type="checkbox"/> T. Protein <input type="checkbox"/> Serum <input type="checkbox"/> Urine		<b>OTHER TESTS</b> <input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program. <input type="checkbox"/> Fecal Occult Blood (other indications)

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.

Standing Order requests - expiry and frequency must be indicated

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

Physician Signature \_\_\_\_\_

**You will be asked to present your Care Card/BC Services Card at each visit.**

For tests not covered by MSP, payment can be made by VISA, MasterCard and Debit.

Test Results for clinicians: 1-800-431-7206. Patients can register to receive test results at [www.myehealth.ca](http://www.myehealth.ca)

Patient Service Centres	Hours (Monday to Friday)	Fax
<b>Kamloops - St. Paul</b> 135 - 546 St. Paul Street	8:00 to 4:00	(250) 374-5638
<b>Kamloops - Nicola</b> 202 - 321 Nicola Street	8:00 to 3:00	(250) 372-0588
<b>Kamloops - Tranquille</b> 1 - 685 Tranquille Road	7:00 to 4:00; (Sat. 7:00 to 12:00)	(250) 376-4165
<b>Kamloops - Harrison</b> 1966 Harrison Way	8:00 to 4:00	(250) 377-7504
<b>Prince George</b> 110 - 1669 Victoria Street	7:00 to 4:00; (Sat. 7:00 to 12:00)	(250) 562-7358
<b>Quesnel</b> 15 - 665 Front Street	7:30 to 3:00	(250) 992-5889
<b>Terrace</b> 105 - 4634 Park Avenue	8:00 to 4:00	(250) 615-0332
<b>Dawson Creek</b> 2 - 705 - 103rd Avenue	7:30 to 3:00	(250) 782-5764
<b>Nelson</b> 806 Vernon Street	8:00 to 4:00	(250) 352-6628
<b>Kimberley</b> 260 - 4th Avenue	7:30 to 3:30	(250) 427-2108
<b>Scotch Creek</b> 2 - 3874 Squilax-Anglemont Road	9:00 to 1:00 (Wed and Fri only)	

**PATIENT INSTRUCTIONS: (unless otherwise indicated by your physician)**

**Fasting Required:** Do not eat or drink (except water) for **8-12 hours** before the following tests:

- GLUCOSE - fasting
- GTT-gestational diabetes confirmation and GTT - non pregnant
- LIPIDS/CHOLESTEROL - if indicated

Note: Chewing gum and brushing teeth during the fasting period is acceptable.

**Fasting is preferred,** but not required for the following tests:

- Homocysteine, Iron/Transferrin

**H. Pylori:** Do not eat, drink (except water), or smoke for **4 hours** before the test. Do not drink **any** fluid for the last hour of fasting.

**AM Cortisol and Testosterone:** Collect sample within 3 hours of waking

Patient Instructions are also available on our website [www.lifelabs.com](http://www.lifelabs.com)

**APPOINTMENTS ARE REQUIRED FOR THE FOLLOWING TESTS:**

Call to schedule an appointment Mon - Fri from 9am - 5pm  
604-412-4495 or Toll Free 1-855-412-4495

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

**APPOINTMENTS ARE AVAILABLE BUT NOT REQUIRED FOR THE FOLLOWING TESTS:**

- Legal Drug Screen
- Panorama Pre-Natal Screening Test

For tests not listed above, you may arrive without an appointment OR schedule an appointment at a LifeLabs location online at [www.lifelabs.com](http://www.lifelabs.com).