

**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
Copy to: Address, MSP Practitioner Number		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting _____ hours prior to test	<input type="checkbox"/> Phone <input type="checkbox"/> Fax	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 \_\_\_\_\_

# LifeLabs Locations

Hours of operation are subject to change.  
For current hours and locations visit our website at [www.lifelabs.com](http://www.lifelabs.com)

**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)

	MON-FRI	SAT	SUN
<b>Abbotsford</b> 103-2151 McCallum Road 207-2825 Clearbrook Rd 201-32475 Simon Ave.	6:30-5:30 7:00-3:00 7:00-5:00	7:00-12:00 7:00-12:00	7:00-12:00 7:00-12:00
<b>Agassiz</b> 1-7069 Cheam Ave.	7:00-1:30		
<b>Aldergrove</b> 610-26310 Fraser Hwy.	7:00-3:30		
<b>Burnaby</b> 302-3965 Kingsway 104-7885 6th St. 203-6542 Hastings St. 103-4012 Hastings St. 324 Gilmore Ave. 201-4980 Kingsway	7:00-5:00 7:30-4:00 7:30-4:00 7:30-4:00 6:30-5:00 6:30-6:00	7:00-12:00 7:00-12:00 7:00-12:00 7:00-12:00 6:30-3:00 7:00-2:00	8:00-12:00 7:00-12:00
<b>Chilliwack</b> 608-8236 Eagle Landing Parkway	6:30-5:00	7:00-12:00	
<b>Delta (Ladner/Tsawwassen)</b> 201-8425 120th St. 122-6345 120th St. 114-1077 56th St. 104-4515 Harvest Drive	6:30-6:00 7:30-4:00 7:00-4:00 7:00-4:00	7:00-2:00 7:00-12:00 7:00-1:00	7:00-12:00
<b>Langley</b> 209-5503 206th St. 105-20103 40th Ave. 102B- 20999 88th Ave. 130-19653 Willowbrook Dr.	6:30-5:30 7:00-3:30 7:00-5:00 7:00-3:30	7:00-12:00 7:00-12:00 7:00-12:00	7:00-12:00
<b>Maple Ridge/Pitt Meadows</b> 101-11743 224th St. 102-12195 Harris Rd.	6:30-5:00 8:00-4:00	7:00-12:00	7:00-12:00
<b>Mission</b> 103-7343 Hurd St.	7:30-4:00		
<b>New Westminster</b> 508-625 5th Ave. 227 Nelson's Crescent	6:30-5:00 8:00-4:00	7:00-2:00	
<b>North Vancouver</b> 201-3650 Mount Seymour Parkway Ste. 215-1916 Lonsdale Ave. 209-1200 Lynn Valley Rd. 102-845 Marine Drive	7:00-3:30 6:30-5:00 7:00-3:30 6:30-5:00	7:00-12:30 6:30-3:00	7:30-11:30
<b>Richmond</b> 170-6451 Buswell St. 172-6180 Blundell Rd. 104-3811 Chatham Rd. 107-6051 Gilbert Rd. 1150-4151 Hazelbridge Way 200-5791 No. 3 Rd. 3688 Cessna Drive (Pacific Autism Fam Ctr)	7:00-5:00 7:00-5:00 7:00-4:00 8:00-4:00 7:30-3:30 6:00-5:00 9:00-5:00 (Tues Only)	7:00-3:00 7:00-1:00 7:00-12:00 6:00-3:00	7:00-12:00
<b>Surrey</b> 201-12080 Nordel Way 113-7130-120th St. 102-17760-56th Ave.	7:00-4:30 7:00-4:00 6:30-5:00	6:00-3:00 7:00-1:00 7:00-2:00	8:00-12:00 7:00-12:00

	MON-FRI	SAT	SUN
<b>Surrey Continued</b> 204-9014 152nd St. 19-15300 105th Ave. 202-16088 84th Ave. 101-9656 King George Blvd. 112-15252 32nd Ave. 124-13745 72nd Ave. 101-10166 King George Blvd.	6:30-5:00 6:30-5:00 7:30-4:00 6:30-5:00 7:30-4:00 6:30-5:00 7:30-4:00	7:00-2:00 7:00-12:00	7:00-12:00
<b>South Surrey/White Rock</b> 120-15331-16th Ave. 112-15252-32nd Ave. 105-1656 Martin Dr.	7:00-5:00 7:30-4:00 6:30-5:00	7:00-12:00 7:00-12:00 7:00-1:00	
<b>Tri-Cities (Coquitlam, Port Coquitlam, Port Moody)</b> 115-1465 Salisbury Ave. 7-2185 Wilson Ave. 101-2624 St. Johns St. 208-3001 Gordon Ave. 313-1194 Lansdowne Drive 106-1015 Austin Ave. Suite R-435 North Rd.	8:00-4:00 6:30-5:00 7:30-3:30 7:00-5:00 6:30-5:00 7:00-5:00 7:00-4:30	7:00-12:00 7:00-12:00 7:00-3:00 7:00-12:00 7:00-2:00 7:00-12:00	7:00-12:00 8:00-12:00 7:00-12:00
<b>Vancouver</b> 306-1750 E. 10th Ave. 972 W. King Edward Ave. 33-5740 Cambie St. 206-1160 Burrard St. 136 Davie St. 2-1530 W. 7th Ave. 104-888 W. 8th Ave. 4366 W. 10th Ave. 215-650 W. 41st Ave. 112-3540 W. 41st Ave. 2061 W. 42nd Ave. 701-750 W. Broadway 220-943 W. Broadway 290-2184 W. Broadway 208-1200 Burrard St. 6540 Fraser St. 8677 Granville St. 408 E. Hastings St. 835-777 Hornby St. 204-180 Keefer St. 4527 Main St. 340-3150 E. 54th Ave. 5786 Victoria Dr. 1506 E. Hastings St.	7:00-5:00 7:30-3:30 7:30-4:00 7:00-5:00 7:00-3:30 8:00-4:00 8:30-4:00 8:30-4:30 6:30-4:30 8:30-5:00 8:00-4:30 7:00-5:00 9:00-5:00 7:30-5:00 8:00-4:00 7:30-5:00 8:00-4:00 8:00-3:30 7:00-3:00 7:00-4:00 8:00-3:30 8:00-4:00 6:00-4:30 7:30-4:00	7:00-12:00 7:00-12:00 8:00-1:00 8:00-12:30 6:30-3:30	7:00-12:00 7:00-12:00
<b>West Vancouver</b> 109-575 16th St. 115-2419 Bellevue Ave.	7:30-5:00 7:00-3:00	7:00-2:30	
<b>Sunshine Coast</b> 118-1100 Sunshine Coast Hwy, Gibsons 101-5531 Inlet Ave, Sechelt	7:30-3:30 7:30-3:30		

## 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
- Coagulation Factor Assays
- 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).