

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)

HEMATOLOGY <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 checked="" type="checkbox"/> Confirm diagnosis (ferritin first, ± TS, ± DNA testing) <input checked="" type="checkbox"/> Sibling/parent is C282Y/C282Y homozygote (DNA testing)	MICROBIOLOGY LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR PHN & SITE ROUTINE 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: _____ VAGINITIS <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"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy CHLAMYDIA (CT) & GONORRHEA (GC) <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: _____ STOOL SPECIMENS History of bloody stools? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> C. difficile testing <input checked="" type="checkbox"/> Stool culture <input checked="" type="checkbox"/> Stool ova & parasite exam <input checked="" type="checkbox"/> Stool ova & parasite (high risk, 2 samples) DERMATOPHYTES <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: _____ MYCOLOGY <input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	URINE TESTS <input checked="" type="checkbox"/> Urine culture - list current antibiotics: _____ <input checked="" type="checkbox"/> Macroscopic → microscopic if dipstick positive <input checked="" type="checkbox"/> Macroscopic → urine culture if pyuria or nitrite present <input checked="" type="checkbox"/> Macroscopic (dipstick) <input checked="" type="checkbox"/> Microscopic <input type="checkbox"/> Special case (if ordered together)
CHEMISTRY <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		HEPATITIS SEROLOGY <input checked="" type="checkbox"/> One box only. For other Hepatitis Markers, please order under Other Tests section. <input checked="" 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 checked="" type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg, anti-HBc, anti-HBs) Hepatitis C (anti-HCV)
LIPIDS <input checked="" type="checkbox"/> One box only. For other lipid investigations, please order under Other Tests section and provide diagnosis. <input checked="" type="checkbox"/> Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting) <input checked="" type="checkbox"/> Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required) <input checked="" type="checkbox"/> Follow-up of treated hypercholesterolemia (ApoB only, fasting not required) <input checked="" type="checkbox"/> Self-pay lipid profile (non-MSP billable, fasting)		Investigation of hepatitis immune status <input checked="" type="checkbox"/> Hepatitis A (anti-HAV, total) <input checked="" type="checkbox"/> Hepatitis B (anti-HBs) <input checked="" type="checkbox"/> Hepatitis marker(s) HBsAg
THYROID FUNCTION <input checked="" type="checkbox"/> One box only. For other thyroid investigations, please order under Other Tests section and provide diagnosis. <input checked="" type="checkbox"/> Monitor thyroid replacement therapy (TSH Only) <input checked="" type="checkbox"/> Suspected Hypothyroidism TSH first (plus FT4 if required) <input checked="" type="checkbox"/> Suspected Hyperthyroidism, TSH first (plus FT4 or FT3 if required)		HIV SEROLOGY <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
OTHER CHEMISTRY TESTS <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		OTHER TESTS <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)

Standing Order requests - expiry and frequency must be indicated

Date _____ Physician Signature _____

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

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

	MON-FRI	SAT
Bowen Island 103 - 495 Bowen Island Trunk Rd	6:45 - 8:45am (Tues & Thurs)	
Campbell River 465 Merecroft Rd., Unit B-5B	6:30-4:00	
Courtenay 12-1599 Cliffe Ave.	8:00-4:00	7:30-11:30
Denman Island 3351 Piercy Road	8:45-10:00am (Wed Only)	
Duncan 208-2763 Beverly St. 102-149 Ingram St.	7:00-4:00 7:30-4:30	7:00-12:00
Gabriola Island 101-691 Church St.	8:00-12:00	
Hornby Island 1855 Sollans Road	8:45 - 10:30am (Thurs Only)	
Ladysmith 28-370 Davis Rd.	7:30-4:00	
Lake Cowichan 1-78 Cowichan Lake Rd.	7:30-12:00	
Mill Bay 240-2720 Mill Bay Rd.	8:00-4:30	
Nanaimo 106-650 S.Terminus Ave. (Port Place Mall) 203-6010 Brickyard Rd. 107-50-10th St. (Southgate Mall) 470-2980 Island Hwy. N (Rock City Mall) 87 Wallace St.	8:00-4:00 6:30-4:30 7:30-4:00 7:30-4:00 7:30-5:00	7:00-12:00

	MON-FRI	SAT
Parksville 489 Alberni Hwy. (Oceanside Health Centre)	7:30-5:30	7:30-3:00
Port Alberni 106-3949 Maple Way	7:30-3:30	
Qualicum Beach 2-140 First Ave.	8:00-4:00	7:00-11:00
Sidney 101-2475 Bevan Ave.	7:00-4:00	
Sooke 1260-6660 Sooke Rd.	8:00-4:00	
Victoria 416-645 Fort St. 6-101 Burnside Rd. West 210-547 Michigan St. 220-172 Wilson St. 582 Goldstream Ave. 130-1900 Richmond Ave. 200-1120 Yates St. 102-4480 West Saanich Rd. 200-1590 Cedar Hill X Rd. 890B Esquimalt Rd. 102-1990 Fort St. 220-1641 Hillside Ave. 125-2401G Millstream Rd.	8:00-2:00 7:30-4:30 8:00-4:00 8:00-4:30 6:30-5:00 7:00-4:00 7:00-5:00 6:30-4:30 6:30-5:00 7:30-1:00 8:00-4:30 7:30-5:00 8:00-4:00	7:00-3:00

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

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.