

LABORATORY REQUISITION

Yellow highlighted fields must be completed to avoid delays in specimen collection and patient processing.		For tests indicated with a blue tick box <input type="checkbox"/> consult provincial guidelines and protocols (www.BCGuidelines.ca).			
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER: _____		LOCUM FOR PHYSICIAN: MSP PRACTITIONER NUMBER:			
PHN NUMBER _____				ICBC/WorkSafeBC/RCMP NUMBER _____	
SURNAME OF PATIENT _____				FIRST NAME OF PATIENT _____	
DOB: YYY Y MM DD SEX <input type="checkbox"/> M <input type="checkbox"/> F		Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Fasting? _____ h pc			
TELEPHONE NUMBER OF PATIENT _____		CHART NUMBER _____			
ADDRESS OF PATIENT _____		CITY/TOWN _____	PROVINCE _____		
DIAGNOSIS _____		CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE _____			
PATIENT TEST INSTRUCTIONS - SEE REVERSE					
HEMATOLOGY		URINE TESTS			
<input checked="" type="checkbox"/> Hematology profile <input type="checkbox"/> PT-INR <input type="checkbox"/> Ferritin (query iron deficiency) <input type="checkbox"/> Iron & transferrin saturation (hemochromatosis screen) <input type="checkbox"/> On warfarin? <input type="checkbox"/> Special case (if ordered together)		<input checked="" 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) <input type="checkbox"/> Pregnancy test			
MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site		CHEMISTRY			
ROUTINE CULTURE List current antibiotics: _____ <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial Wound <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 checked="" type="checkbox"/> CT & GC testing Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input checked="" 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 type="checkbox"/> Yes <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) 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: _____		<input type="checkbox"/> Glucose - Fasting (see reverse for patient instructions) <input type="checkbox"/> Glucose _____ hours post meal <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 hour & 2 hour test) <input type="checkbox"/> GTT - non-pregnant (75 g load, 2 hour test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - urine LIPIDS <input checked="" type="checkbox"/> one box only. For other lipid investigations, please order specific tests below and provide diagnosis. <input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up - Fasting (Lipid profile, Total, HDL & LDL Cholesterol, Triglycerides) <input type="checkbox"/> Follow-up of treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> Self-pay lipid profile - Fasting (non-MSP billable) THYROID FUNCTION For other thyroid investigations, please order specific tests below and provide diagnosis. <input checked="" type="checkbox"/> Suspected Hypothyroidism (TSH first +/-fT4) <input type="checkbox"/> Suspected Hyperthyroidism (TSH first +/-fT4, +/-fT3) <input type="checkbox"/> Monitor thyroid replacement therapy (TSH only)			
DATE OF COLLECTION _____ TIME OF COLLECTION _____ PHLEBOTOMIST _____		SIGNATURE OF PHYSICIAN _____ DATE SIGNED _____ TELEPHONE REQUISITION RECEIVED BY (employee/date/time) _____			
BLOOD TYPE AND ANTIBODY SCREEN FERRITIN STS, RUBELLA IMMUNE STATUS		OTHER TESTS <input type="checkbox"/> Sodium <input type="checkbox"/> Albumin <input type="checkbox"/> Creatinine / eGFR <input type="checkbox"/> Potassium <input type="checkbox"/> Alk phos. <input type="checkbox"/> Calcium <input type="checkbox"/> ALT <input type="checkbox"/> Creatine kinase (CK) <input type="checkbox"/> Bilirubin <input type="checkbox"/> PSA - MSP billable <input type="checkbox"/> GGT <input type="checkbox"/> T. Protein <input type="checkbox"/> PSA screening (self-pay)			

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 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 *E-Health Act* and/or the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts. Our privacy policy is available at www.bcbio.com.