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BRITISH COLUMBIA | Ministry of Health

STANDARD OUT-PATIENT LABORATORY REQUISITION

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

66259 Annie Chou
on behalf of Chest Pain Clinic
200 - 1033 Davie Street
Vancouver, BC
V6E 1M7

Yellow highlighted fields must be completed.

For tests indicated with a blue tick box ☐, consult provincial guidelines and protocols (www.BCGuidelines.ca) https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines

Bill to → ☒ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER: ______

PERSONAL HEALTH NUMBER | ICBC/WorkSafeBC NUMBER | LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:

LAST NAME OF PATIENT | FIRST NAME OF PATIENT | If this is a STAT order please provide contact telephone number:

DOB YYYY MM DD | SEX ☐ M ☐ F | Pregnant? ☐ YES ☐ NO ☒ Fasting? 8-10 h pc | Copy to PRACTITIONER/MSP Practitioner Number:

PRIMARY CONTACT NUMBER OF PATIENT: H | SECONDARY CONTACT NUMBER OF PATIENT: W | OTHER CONTACT NUMBER OF PATIENT | Copy to PRACTITIONER/MSP Practitioner Number: Family Physician

ADDRESS OF PATIENT | CITY/TOWN | PROVINCE: BC | POSTAL CODE

DIAGNOSIS | CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY

☒ Hematology profile
☐ INR
☐ Ferritin (query iron deficiency)

On Anticoagulant? ☐ Yes ☐ No
Specify: ______

HFE - Hemochromatosis (check ONE box only)
☐ Confirm diagnosis (ferritin first, ± TS, ± DNA testing)
☐ Sibling/parent is C282Y/C282Y homozygote (DNA testing)

URINE TESTS

☐ Macroscopic → microscopic if dipstick positive
☐ Macroscopic → urine culture if pyuria or nitrite present
☐ Macroscopic (dipstick) ☐ Microscopic *
* Clinical information for microscopic required: ______

CHEMISTRY

☒ Glucose – fasting (see reverse for patient instructions)
☐ Glucose – random
☐ GTT – gestational diabetes screen (50 g load, 1 hour post-load)
☐ GTT – gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
☐ GTT – non-gestational diabetes
☒ Hemoglobin A1c
☐ Albumin/creatinine ratio (ACR) - Urine

MICROBIOLOGY – LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, PHN & SITE

ROUTINE CULTURE

On Antibiotics? ☐ Yes ☐ No Specify: ______
☐ Throat ☐ Sputum ☐ Blood ☐ Urine
☐ Superficial Wound, Site: ______
☐ Deep Wound, Site: ______
☐ Other: ______

VAGINITIS

☐ Initial (smear for BV & yeast only)
☐ Chronic/recurrent (smear, culture, trichomonas)
☐ Trichomonas testing

GROUP B STREP SCREEN (Pregnancy only)
☐ Vagino-anorectal swab ☐ Penicillin allergy

CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT
Source/site: ☐ Urethra ☐ Cervix ☐ Urine ☐ Vagina ☐ Throat ☐ Rectum
Other ______

GONORRHEA (GC) CULTURE
Source/site: ☐ Cervix ☐ Urethra ☐ Throat ☐ Rectum
Other ______

STOOL SPECIMENS
History of bloody stools? ☐ Yes
☐ *C.difficile* testing ☐ Stool culture ☐ Stool ova & parasite exam
☐ Stool ova & parasite (high risk, submit 2 samples)

DERMATOPHYTES
☐ Dermatophyte culture ☐ KOH prep (direct exam)
Specimen: ☐ Skin ☐ Nail ☐ Hair
Site: ______

MYCOLOGY
☐ Yeast ☐ Fungus Site: ______

HEPATITIS SEROLOGY

☐ **Acute viral hepatitis undefined etiology**
Hepatitis A (anti-HAV IgM)
Hepatitis B (HBsAg ± anti-HBc)
Hepatitis C (anti-HCV)

☐ **Chronic viral hepatitis undefined etiology**
Hepatitis B (HBsAg; anti-HBc; anti-HBs)
Hepatitis C (anti-HCV)

Investigation of hepatitis immune status
☐ Hepatitis A (anti-HAV, total)
☐ Hepatitis B (anti-HBs)

Hepatitis marker(s)
☐ HBsAg
(For other hepatitis markers, please order specific test(s) below)

☐ **HIV Serology**
(patient has the legal right to choose not to have their name and address reported to public health = non-nominal reporting)
☐ Non-nominal reporting

LIPIDS

✓ one box only

Note: Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances [e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory requirements.

☒ Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol, & triglycerides (Baseline or Follow-up of complex dyslipidemia)
☐ Follow-up Lipid Profile - Total, HDL & non-HDL cholesterol only
☐ Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated)

THYROID FUNCTION

For other thyroid investigations, please order specific tests below and provide diagnosis.

☐ Monitor thyroid replacement therapy (TSH Only)
☒ Suspected Hypothyroidism (TSH first, fT4 if indicated)
☐ Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated)

OTHER CHEMISTRY TESTS

☒ Sodium
☒ Potassium
☐ Albumin
☐ Alk phos
☒ ALT
☐ B12
☐ Bilirubin
☐ GGT
☐ T. Protein
☒ Creatinine / eGFR
☐ Calcium
☒ Creatine kinase (CK)
☐ PSA – Known or suspected prostate cancer (MSP billable)
☐ PSA screening (self-pay)
☐ Pregnancy test
☐ ß-HCG – quantitative

OTHER TESTS – Standing Orders Include expiry & frequency

☐ ECG
☐ FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program
☐ FIT No copy to Colon Screening Program

Lp(a) - for risk stratification
Fasting 8-10 hours
For non-ER Chest Pain Clinic Referrals

SIGNATURE OF PRACTITIONER | DATE SIGNED

DATE OF COLLECTION | TIME OF COLLECTION | COLLECTOR | TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)

INSTRUCTIONS TO PATIENTS (See reverse)
Other Instructions:

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 by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.