

**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  | Chart Number                 |       | Room # (LTC use only)                    |
| Ordering Physician, Address, MSP Practitioner Number   |  | Locum for: Physician _____  | C0 Number _____  | Date/Time of Collection      |       | Phlebotomist                             |
| Copy to  |  | Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Fasting _____ hours prior to test | Date/Time/Name of Medication |       | Telephone Requisition Received By: _____ |
|  |  |   |  |                              |       | INITIAL/DATE                             |
| Diagnosis and indications for guideline protocol and special tests   |  |   |  |                              |       |  |
| For tests indicated with a shaded tick box <input type="checkbox"/> , consult provincial guidelines and protocols ( <a href="http://www.BCGuidelines.ca">www.BCGuidelines.ca</a> ) |  |   |  |                              |       |  |

**HEMATOLOGY**

Hematology profile

PT-INR  On Warfarin?

Ferritin (query iron deficiency)

HFE – Hemochromatosis (check ONE box only)

Confirm diagnosis (ferritin first, ± TS, ± DNA testing)

Sibling/parent is C282Y/C282Y homozygote (DNA testing)

**CHEMISTRY**

Glucose - fasting (see reverse for patient instructions)

GTT - gestational diabetes screen (50 g load, 1 hour post-load)

GTT - gestational diabetes confirmation (75 g load, fasting, 1 & 2 hour test)

Hemoglobin A1c

Albumin/creatinine ratio (ACR) - Urine

**LIPIDS**

One box only. For other lipid investigations, please order under Other Tests section and provide diagnosis.

Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting)

Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required)

Follow-up of treated hypercholesterolemia (ApoB only, fasting not required)

Self-pay lipid profile (non-MSP billable, fasting)

**THYROID FUNCTION**

One box only. For other thyroid investigations, please order under Other Tests section and provide diagnosis.

Monitor thyroid replacement therapy (TSH Only)

Suspected Hypothyroidism TSH first (plus FT4 if required)

Suspected Hyperthyroidism, TSH first (plus FT4 or FT3 if required)

**OTHER CHEMISTRY TESTS**

Sodium  Creatinine/eGFR

Potassium  Calcium

Albumin  Creatine kinase (CK)

Alk phos  PSA - Known or suspected prostate cancer (MSP billable)

ALT  PSA screening (self-pay)

Bilirubin  Pregnancy Test

GGT  T. Protein  Serum  Urine

The personal information on this form and any medical data subsequently developed will be collected and used in compliance with the Personal Information Protection Act of British Columbia to provide medical services. Our 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.

**MICROBIOLOGY** LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR PHN & SITE

**ROUTINE CULTURE**

List current antibiotics: \_\_\_\_\_

Throat  Sputum  Blood

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)**

CT & GC Testing

Source/site:  Urethra  Cervix  Urine

GC culture:  Throat  Rectal

Other: \_\_\_\_\_

**STOOL SPECIMENS**

History of bloody stools?  No  Yes

C. difficile testing

Stool culture

Stool ova & parasite exam

Stool ova & parasite (high risk, 2 samples)

**DERMATOPHYTES**

Dermatophyte culture  KOH prep (direct exam)

Specimen:  Skin  Nail  Hair

Site: \_\_\_\_\_

**MYCOLOGY**

Yeast  Fungus Site: \_\_\_\_\_

Date \_\_\_\_\_

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

**URINE TESTS**

Urine culture - list current antibiotics: \_\_\_\_\_

Macroscopic → microscopic if dipstick positive

Macroscopic → urine culture if pyuria or nitrite present

Macroscopic (dipstick)  Microscopic

Special case (if ordered together)

**HEPATITIS SEROLOGY**

One box only. For other Hepatitis Markers, please order under Other Tests section.

Acute viral hepatitis undefined etiology

Hepatitis A (anti-HAV IgM)

Hepatitis B (HBsAg, plus anti-HBc if required)

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

**HIV SEROLOGY**

HIV Serology (patient has legal right to choose not to have their name and address reported to public health – non-nominal reporting)

Non-nominal reporting

**OTHER TESTS**

ECG

Fecal Occult Blood (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program.

Fecal Occult Blood (other indications)

Standing Order requests - expiry and frequency must be indicated

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

# LifeLabs - Laboratory Locations

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

## PATIENT INSTRUCTIONS:

(unless otherwise indicated by your physician)

**Fasting:** Do not eat or drink (except water) for 8-10 hours before the following tests:

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

**Fasting is preferred, but not required**

- HOMOCYSTEINE;
- IRON/TRANSFERRIN

**H. Pylori:** Do not smoke, eat or drink (except water) for 4 hours before your test

**Drug Levels:** Sample must be collected just before taking your regular dose of medication.

**AM Cortisol:** Sample must be collected within three hours of waking. (Report to the lab with at least 30 minutes to spare).

## APPOINTMENTS ARE REQUIRED FOR THE FOLLOWING TESTS. CALL TOLL FREE 1-855-412-4495.

Ambulatory Blood Pressure  
Holter Monitor  
Lactose Tolerance/Hydrogen Breath Test  
Legal Urine Drug Screen  
Paternity  
Semen Analysis

**For all other tests** you are welcome to arrive without an appointment OR you can self-schedule an appointment at [www.lifelabs.com](http://www.lifelabs.com).

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

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

For tests not covered by MSP, we accept payment by VISA, MasterCard and Debit.

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