

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	<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)

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 type="checkbox"/> Confirm diagnosis (ferritin first, ± TS, ± DNA testing) <input 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 type="checkbox"/> No <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: _____	URINE TESTS <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)
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 LIPIDS <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)	HEPATITIS SEROLOGY <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) Investigation of hepatitis immune status <input type="checkbox"/> Hepatitis A (anti-HAV, total) <input type="checkbox"/> Hepatitis B (anti-HBs) <input type="checkbox"/> Hepatitis marker(s) HBsAg	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
THYROID FUNCTION <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)	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 _____ Requisition is valid for one year from the date of issue.

Physician Signature _____

LifeLabs - Laboratory Locations

Hours of operation are subject to change.
For current hours and locations visit our website at 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.

Patient Instructions are also available at our website www.lifelabs.com

Test Results for clinicians: 1-800-431-7206. Patients can register to receive test results at www.myehealth.ca

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

LOWER MAINLAND

	FAX	MON-FRI	SAT	SUN
Burnaby				
324 S. Gilmore Ave.	604-205-7043	6:30-5:00	6:30-3:00	8:00-12:00
302-3965 Kingsway	604-437-1289	7:00-5:00	7:00-12:00	
Coquitlam				
204-552 Clarke Rd.	604-516-2216	7:00-4:00	7:00-1:00	
208-3001 Gordon Ave.	604-464-8537	7:00-5:00	7:00-3:00	8:00-12:00
313-1194 Lansdowne Drive	604-468-4359	6:30-5:00	7:00-12:00	7:00-12:00
106-1015 Austin Ave.	604-937-3849	7:00-5:00	7:00-2:00	
Delta (Ladner/Tsawwassen)				
114-1077 56th St.	604-502-1104	7:00-4:00		
104-4515 Harvest Drive	604-502-1738	7:00-4:00	7:00-1:00	
North Vancouver				
201-3650 Mount Seymour Parkway	604-903-9155	7:00-3:30	7:00-12:30	
Ste. 215-1916 Lonsdale Ave.	604-904-2318	6:30-5:00	6:30-3:00	
209-1200 Lynn Valley Rd.	604-980-4270	7:00-3:30		
102-845 Marine Drive	604-980-1742	6:30-5:00	6:30-2:30	7:30-11:30
Richmond				
170-6451 Buswell St.	604-207-0143	7:00-5:00	7:00-3:00	
172-6180 Blundell Rd.	604-709-2234	7:00-5:00	7:00-1:00	
104-3811 Chatham Rd.	604-709-2293	7:00-4:00		
107-6051 Gilbert Rd.	604-207-1074	8:00-4:00		
200-5791 No. 3 Rd.	604-207-1082	6:00-5:00	6:00-3:00	7:00-12:00
Surrey				
201-12080 Nordel Way	604-502-7598	7:00-4:30	6:00-3:00	
113-7130 120th St.	604-543-3280	7:00-4:00	7:00-1:00	8:00-12:00
102-17760 56th Ave.	604-502-2136	6:30-5:00	7:00-2:00	7:00-12:00
Vancouver				
2-1530 W. 7th Ave.	604-731-4183	8:00-4:00	8:00-1:00	
104-888 W. 8th Ave.	604-708-5645	8:30-4:00		
4366 W. 10th Ave.	604-228-4902	8:30-4:30	8:00-12:30	
215-650 W. 41st Ave.	604-261-7937	6:30-4:30	6:30-3:30	
112-3540 W. 41st Ave.	604-263-2965	8:30-5:00		
2061 W. 42nd Ave.	604-261-5374	8:00-4:30	8:00-1:00	
701-750 W. Broadway	604-871-1549	7:00-5:00	7:00-3:00	
220-943 W. Broadway	604-714-0361	9:00-5:00		
290-2184 W. Broadway	604-714-5976	7:30-5:00		
208-1200 Burrard St.	604-605-0873	8:00-4:00	8:00-1:00	
6540 Fraser St.	604-301-0127	7:30-5:00	7:30-3:30	
8677 Granville St.	604-261-8571	8:00-4:00		
408 E. Hastings St.	604-738-7308	8:00-3:30		
835-777 Hornby St.	604-915-9059	7:00-3:00		
204-180 Keefer St.	604-915-7029	7:00-4:00	7:00-12:00	
4527 Main St.	604-875-6247	8:00-3:30		
340-3150 E. 54th Ave.	604-433-7509	8:00-4:00		
5786 Victoria Dr.	604-324-0727	6:00-4:30	7:00-3:00	7:00-12:00
West Vancouver				
109-575 16th St.	604-921-4652	7:30-5:00	7:00-2:30	
115-2419 Bellevue Ave.	604-925-5179	7:00-3:00		
White Rock				
105-1656 Martin Dr.	604-538-3497	6:30-5:00	7:00-1:00	
Sunshine Coast				
118-1100 Sunshine Coast Hwy, Gibsons	604-886-9604	7:30-3:30		
5531 Inlet Ave./Sechelt	604-885-2783	7:30-3:30		

VANCOUVER ISLAND

	FAX	MON-FRI	SAT
Victoria			
416-645 Fort St.	250-383-9072	8:00-2:00	
6-101 Burnside Rd. West	250-388-6784	7:30-4:30	7:00-03:00
100-1105 Pandora Ave.	250-361-0950	7:00-4:00	
210-547 Michigan St.	250-385-8853	8:00-4:00	
220-172 Wilson St.	250-388-0236	8:00-4:30	
582 Goldstream Ave.	250-474-4685	6:30-5:00	7:00-03:00
130-1900 Richmond Ave.	250-595-1208	7:00-4:00	7:00-03:00
202-1120 Yates St.	250-383-9038	8:00-12:00; 12:45-4:00	
102-4480 West Saanich Rd.	250-479-0185	6:30-4:30	7:00-03:00
212-1595 McKenzie Ave.	250-477-2649	7:30-4:00	
124-3749 Shelbourne St.	250-477-8035	7:00-4:00	
890B Esquimalt Rd.	250-381-8369	7:30-1:00	
102-1990 Fort St.	250-592-1457	8:00-4:30	
220-1641 Hillside Ave.	250-592-9617	7:30-5:00	
266-2401C Millstream Rd.	250-478-7985	8:00-4:00	
Sidney			
101-2475 Bevan Ave.	250-657-0295	7:00-4:00	
Mill Bay			
240-2720 Mill Bay Rd.	250-743-2932	8:00-4:30	
Sooke			
1260-6660 Sooke Rd.	250-642-4953	8:00-4:00	
Duncan			
208-2763 Beverly St.	250-746-1703	7:00-4:00	
102-149 Ingram St.	250-748-3235	7:30-4:30	
Lake Cowichan			
1-78 Cowichan Lake Rd.	250-749-3966	7:30-12:00	
Ladysmith			
541 3rd Ave.	250-245-7203	7:30-12:00; 1:00-4:00	
Nanaimo			
650 S. Terminal Ave. (Port Place Mall)	250-714-1949	8:00-4:00	7:00-03:00
6010 Brickyard Rd.	250-518-1079	6:30-4:30	
107-50-10th St. (Southgate Mall)	250-755-1749	7:30-4:00	
470-2980 Island Hwy. N (Rock City Mall)	250-518-0686	7:30-4:00	7:30-12:00
87 Wallace St.	250-753-3242	7:30-5:00	
Gabriola Island			
101-691 Church St.	250-247-2042	8:30-12:00	
Parksville			
489 Alberni Hwy. (Oceanside Health Centre)	250-248-2652	7:15-5:30	7:15-03:00
Qualicum Beach			
2-140 First Ave.	250-752-6248	8:00-4:00	8:00-12:00
Courtenay			
12-1599 Cliffe Ave.	250-334-4637	8:00-4:00	7:30-11:30
Campbell River			
465 Merecroft Rd., Unit B-5B	250-287-3202	6:30-4:00	
Port Alberni			
106-3949 Maple Way	250-723-4233	7:30-3:30	