

Outpatient Laboratory Requisition

Laboratory Medicine

(Anatomical Pathology requisitions - see separate form)

Laboratory Standards require that the patient's full name, date of birth, ordering physician's name and tests be on the requisition

Patient Name: _____ Surname First Initial(s)			Date of Birth: _____ Day Month Year		Sex: O F O M
Patient Address: _____ Apt #/Street # City, Province Postal Code			Phone Number: _____		Chart Number: _____
Billing Information: <input type="radio"/> MSP <input type="radio"/> Patient <input type="radio"/> ICBC <input type="radio"/> WCB <input type="radio"/> Other _____			Verbal Request (Date/Time): _____		
PHN _____ ID Number _____ Expiry Date _____			Name/Date/Time of Medication: _____		
Physician Name, MSC Number: _____		Copy to (Name, MSC#): _____		Collection Date/Time: _____	
Locum for: _____		<input type="radio"/> If this is a STAT order, please provide contact phone number: _____		<input type="radio"/> Pregnant <input type="radio"/> Fasting _____ hrs prior to test	
Physician: _____		<input type="radio"/> Fax report to: _____		Diagnosis/indications for special testing and guideline protocols	
MSC#: _____					

* Note: Provincial guidelines/protocols should be consulted for tests marked with an asterisk * www.hilh.gov.bc.ca/msp/protoguides/index.html

HEMATOLOGY	MICROBIOLOGY	URINALYSIS / URINE CULTURE
<input type="radio"/> WBC <input type="radio"/> Hemoglobin <input type="radio"/> Hemoglobin ONLY <input type="radio"/> Hematology Profile (Hb, Hct, RBC, WBC, platelets and differential) <input type="radio"/> PT - INR Warfarin/Coumadin <input type="radio"/> Yes <input type="radio"/> No	Non - Genital Specimens Test: <input type="radio"/> Bacterial culture <input type="radio"/> Gram stain (List current antibiotics in space above) Site: <input type="radio"/> Nose <input type="radio"/> Sputum <input type="radio"/> Throat <input type="radio"/> Stool <input type="radio"/> Other _____ Test: <input type="radio"/> Fungus culture* <input type="radio"/> Fungus direct exam* (KOH preparation) Site: <input type="radio"/> Skin <input type="radio"/> Nails <input type="radio"/> Other _____ Genital Specimens Cervicitis <input type="radio"/> Chlamydia* (special swab) <input type="radio"/> Gonorrhea* Urethritis <input type="radio"/> Chlamydia* (special swab) <input type="radio"/> Gonorrhea* Vaginitis <input type="radio"/> Initial* (smear only) <input type="radio"/> Recurrent/chronic* (smear & culture) <input type="radio"/> Trichomonas* Vagino-anorectal, pregnancy <input type="radio"/> (Group B strep only)* Urine <input type="radio"/> Chlamydia*	<input type="radio"/> Macroscopic* (dipstick) <input type="radio"/> Microscopic* <input type="radio"/> Macroscopic* (microscopic if dipstick positive) <input type="radio"/> Macro- & microscopic* (provide indication above) <input type="radio"/> Urinalysis* (urine culture if pyuria or nitrite present) <input type="radio"/> Urine culture* (list current antibiotics in space above)
		STOOL - OVA & PARASITES
		<input type="radio"/> One specimen* <input type="radio"/> Two specimens (high risk)*
		VIRAL HEPATITIS
		Note: testing will be conducted according to the hepatitis guideline/protocol unless specifically ordered under additional information/instructions/tests. <input type="radio"/> Acute* <input type="radio"/> Previous/chronic* <input type="radio"/> B Carrier*
		SPECIAL TESTS
		<input type="radio"/> HIV Serology - non nominal reporting* <input type="radio"/> HIV Serology - nominal reporting* (Note: one circle must be filled in) The patient has the legal right to choose nominal or non-nominal reporting
CHEMISTRY		
<input type="radio"/> Glucose - Fasting <input type="radio"/> GTT - Gestational diabetes screen <input type="radio"/> GTT - Gestational diabetes confirmation <input type="radio"/> Pregnancy Test (mark appropriate box) <input type="radio"/> Urine <input type="radio"/> Serum <input type="radio"/> Therapeutic drug concentrations: Specify drug(s) _____ _____ <input type="radio"/> TSH* - provide indication above if additional thyroid test ordered <input type="radio"/> PSA* MSP billable? <input type="radio"/> Yes <input type="radio"/> No (provide indication above) (patient pays) <input type="radio"/> Ferritin* <input type="radio"/> Iron & Transferrin saturation* Provide indication above, if ordered together Lipids Major risk factors for CAD? <input type="radio"/> Yes <input type="radio"/> No (patient pays) <input type="radio"/> Total Cholesterol* <input type="radio"/> HDL Cholesterol* <input type="radio"/> Triglycerides* <input type="radio"/> LDL Cholesterol* (calculated)	ADDITIONAL INFORMATION/INSTRUCTIONS/TESTS	
_____ _____ _____ _____		

Physician Signature: _____	Date: _____
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Vancouver Coastal Health/Providence Health Care Laboratory Locations

Lions Gate Hospital Laboratory Second Floor, 231 East 15th Street North Vancouver, BC V7L 2L7 Tel: 604-984-5755 Fax: 604-984-5984 Hours of Operation: Monday-Friday 7:00 AM-6:00 PM Sat-Sun, Holidays 8:00 AM-12:00 NOON	Mount Saint Joseph Hospital Laboratory Ground Floor, Near the Prince Edward Entrance 3080 Prince Edward St., Vancouver, BC V5T 3N4 Tel: 604-877-8302 Fax: 604-877-8108 Hours of Operation: Monday-Friday 7:30 AM-6:00 PM Sat-Sun, Holidays 10:00 AM-3:00 PM
Northmount Medical Laboratory Suite 202 - 145 East 13th Street North Vancouver, BC V7L 2L4 Tel: 604-904-3535 Fax: 604-904-3560 Hours of Operation: Monday-Friday 8:00 AM-5:30 PM	Pemberton Health Centre Laboratory 1403 Portage Road Pemberton, BC V0N 2L0 Tel: 604-894-6939 Fax: 604-894-6915 Hours of Operation: Monday-Friday 9:00 AM-12:00 PM 1:00 PM-4:00 PM
Powell River General Hospital Laboratory 5000 Joyce Avenue Powell River, BC V8A 5R3 Tel: 604-485-3211 x4346 Fax: 604-485-3236 Hours of Operation: Monday-Friday 7:30 AM-4:00 PM	Richmond Hospital Laboratory Ground Floor, South Tower - 7000 Westminster Hwy Richmond, BC V6X 1A2 Tel: 604-244-5295 Fax: 604-244-5161 Hours of Operation: Monday-Friday 7:00 AM-6:00 PM Sat-Sun, Holidays 9:00 AM-2:00 PM
St. Mary's Hospital Laboratory, Sechelt 5544 Sunshine Coast Hwy Sechelt, BC V0N 3A0 Tel: 604-885-8603 Fax: 604-885-8632 Hours of Operation: Monday-Friday 8:00 AM-6:00 PM Sat-Sun 9:30 AM-12:00 NOON	St. Paul's Hospital Laboratory Second Floor, Providence I Building 1081 Burrard St., Vancouver, BC V6Z 1Y6 Tel: 604-806-8810 Fax: 604-806-8158 Hours of Operation: Monday-Friday 7:00 AM-6:00 PM Sat-Sun, Holidays 10:00 AM-3:00 PM
Squamish General Hospital Laboratory 38140 Behrner Drive Squamish, BC V0N 3G0 Tel: 604-892-6040 Fax: 604-892-6042 Hours of Operation: Tuesday-Friday 8:00 AM-4:00 PM Saturday 8:00 AM-12:00 NOON	UBC Hospital Laboratory Room M210, Main Floor, Koerner Pavilion 2211 Wesbrook Mall, Vancouver, BC V6T 2B5 Tel: 604-822-7271 Fax: 604-822-7575 Hours of Operation: Monday-Friday 8:00 AM-5:00 PM
Vancouver General Hospital Outpatient Laboratory Gordon & Leslie Diamond Health Care Centre Level 1-2775 Laurel Street, Vancouver, BC V5Z 1M9 Tel: 604-875-4111 x61017 Fax: 604-875-5882 Hours of Operation: Monday-Friday 7:00 AM-5:00 PM	Whistler Health Care Centre Laboratory 4380 Lorimer Road Whistler, BC V0N 1B4 Tel: 604-932-4911 Fax: 604-932-4363 Hours of Operation: Monday-Saturday 8:30 AM-4:00 PM

Patient Instructions

General Fasting Instructions - Do not eat during period prior to test. Smoking is discouraged.

Caution: Water is permitted while fasting for blood tests. Unless specifically ordered to do so, patients with known or suspected kidney or urinary tract problems should not restrict their water intake while fasting.

Glucose Fasting - Do not eat or drink, except water, for 9-12 hours prior to the test.

Glucose 2HR PC - Eat a substantial meal exactly 2 hours before arriving at the laboratory. Do not eat again until the test is completed.

Glucose Tolerance - Eat regular meals (adequate carbohydrate intake) for 3 days prior to the test. Do not eat or drink, except water, for 9-12 hours prior to the test.

Cholesterol/Triglyceride/HDL - Do not eat or drink, except water, for 9-12 hours prior to the test. Abstain from alcohol for 48 hours.

Folate, Insulin, C-Peptide*, Gastrin - Do not eat or drink, except water, for 9 hours prior to test.

**C-Peptide - Recent islet cell transplant or pancreatic transplant recipients may require non-fasting C-Peptide tests.*

B12, Phosphorous, Alkaline Phosphatase - Fasting sample preferred, but not required.

Drug Assays - The drug should be taken regularly without dosage change during the week preceding sampling. Blood should be collected PRIOR to the next dose. Check with the laboratory or your doctor if this presents a problem.

Further Testing Information - Check with your doctor or with one of the above laboratories.

Protocols and Guidelines - Detailed information on MSP Protocols and Guidelines is available at <http://www.healthservices.gov.bc.ca/msp/protoguides/index.html>