_									
Lab locations	pointment on , hours, and f	line at www.labonlinel asting information ava	booking.ca or call 1-84	44-870-47		ORDERING PRACTITIONER	: ADDRESS, PHONE, N	MSP PRACTITIONER NUMBER	
		, consult provincial guidelines and protocols (www.BCGuidelines.ca) health/practitioner-professional-resources/bc-guidelines							
Bill to → MSP IC	CBC Wo	orkSafeBC	TIENT 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	Y MM DD SEX			Pregnant? YES NO Fasting? h pc			Copy to PRACTITIONER/MSP Practitioner Number:		
PRIMARY CONTACT NUMBER OF PA	SECONDARY CONTACT N	IUMBER OF PATIENT OTHER CONTACT NUMBER OF PATIENT			Copy to PRACTITIONER/MSP Practitioner Number:				
ADDRESS OF PATIENT		CITY/TOWN			PROVINCE	POSTAL CODE			
DIAGNOSIS		CURRENT MEDICATIONS/DATE AND TH			TIME OF LAST DOSE				
HEMA	ATOLOGY		URINE TESTS				CHEMISTRY		
Hematology profile ☐ INR ☐ 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)			Macroscopic → microscopic if dipstick positive Macroscopic → urine culture if pyuria or nitrite present Macroscopic (dipstick) Microscopic * * Clinical information for microscopic required:			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			
MICROBIOLOGY	- LABEL ALL S	PECIMENS WITH PATIE	NT'S FIRST & LAST NAME	E, DOB, PHI	N & SITE	Albumin/creatinine	ratio (ACR) - Urine		
ROUTINE CULTURE On Antibiotics?			HEPATITIS SEROLOGY Acute viral hepatith Hepatitis B (HBsAg Hepatitis C (anti-Hepatitis B (HBsAg Hepatitis B (HBsAg Hepatitis B (HBsAg Hepatitis C (anti-Hepatitis C (anti-Hepatitis C (anti-Hepatitis A (anti-Hepa	itis undefir AV IgM) I ± anti-HBc CV) atitis unde I; anti-HBc; a CV)	fined etiology anti-HBs)	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 circumstance: [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)			
☐ Trichomonas testing GROUP B STREP SCREEN (Pregnancy only)			Hepatitis B (anti-HBs)			THYROID FUNCTION For other thyroid investigations, please order specific tests below and			
□ Vagino-anorectal swab □ Penicillin allergy CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT Source/site: □ Urethra □ Cervix □ Urine □ Vagina □ Throat □ Rectum			Hepatitis marker(s) HBsAg (For other hepatitis markers, please order specific test(s) below)			provide diagnosis. Monitor thyroid replacement therapy (TSH Only) Suspected Hypothyroidism (TSH first, fT4 if indicated) Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated)			
Other GONORRHEA (GC) CULTURE Source/site:			address reported t	o public he al reporting	choose not to have their name and alth = non-nominal reporting) ders Include expiry & frequency	OTHER CHEMISTRY TES Sodium Potassium Albumin Alk phos ALT B12	☐ Creatinine / e ☐ Calcium ☐ Creatine kina	se (CK) or suspected prostate billable)	
C.difficile testing Stool co Stool ova & parasite (high risk, DERMATOPHYTES Dermatophyte culture	submit 2 samp	les)	FIT (Age 50-74 asym		2y) Copy to Colon Screening Progra J Program	m	☐ Pregnancy te: ☐ ß-HCG – quar		
MYCOLOGY Yeast Fungus Site:			SIGNATURE OF PRACTITIONER [NED	
DATE OF COLUECTION	TIME OF THE	CTION	COLLECTOR			TELEBRIONE SESSION	CENTER SYLL	(1.6.)	
DATE OF COLLECTION	TIME OF COLLE	CHON	COLLECTOR		'	TELEPHONE REQUISITION RE	:CEIVED BY: (employ	ree/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. **826556** Dec 9-22

For Lab locations, hours, and fasting information please visit: https://www.interiorhealth.ca/information-for/patients-and-visitors/lab-tests-and-services

Patient Instructions

Some tests require the patient to fast. Fast means nothing to eat or drink before the test (includes gum, candy, multivitamins, dietary supplements, etc). Water is allowed. No smoking. See tests below for guidance.						
Cholesterol/Triglyceride/HDL/LDL	Fast 8 – 12 hours prior to the test if indicated by the physician.					
Glucose Fasting	Fast 8 hours prior to the test.					
Glucose Tolerance Test Non-Gestational GTT	For 3 days prior, eat regular meals with adequate carbohydrate intake. Fast 8 hours prior to the test.					
Gestational Diabetes Confirmation	Patient must remain at the Lab for the duration of the test.					
Gestational Diabetes Screen	Fasting not required. Blood is collected 1 hour after glucose drink is given to the patient. Patient must remain at the Lab for the duration of the test.					
Therapeutic Drug Assays	Blood should be taken just prior to the next dose of medication.					
24 Hour Urine						
Stool C&S, C.difficile, O&P, Occult Blood						
Urine Culture (C&S)	Containers and Patient Instructions are provided by the Laboratory.					
Sputum Culture						
Semen Analysis						

Check with your physician or local laboratory for further testing information.

Detailed information on MSP Protocols and Guidelines is available at:

https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/laboratory