

# Laboratory Requisition - for Fluid, Aspirate & Tissue Samples For Medical Imaging Department Use

Ordering Practitioner's full Name, address, phone & MSP Practitioner Number

**Highlighted fields must be completed.**

Bill to →  MSP  ICBC  WorkSafeBC  PATIENT  OTHER: \_\_\_\_\_

PERSONAL HEALTH NUMBER ICBC/WorkSafeBC NUMBER

LAST NAME OF PATIENT FIRST NAME OF PATIENT

DOB YYYY MM DD SEX  M  F

PRIMARY CONTACT NUMBER OF PATIENT SECONDARY CONTACT NUMBER OF PATIENT OTHER CONTACT NUMBER OF PATIENT

ADDRESS OF PATIENT CITY/TOWN PROVINCE POSTAL CODE

DIAGNOSIS CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

Collecting PRACTITIONER / MSP Practitioner Number:

Most Responsible Practitioner to notify with results:

LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:

If this is a STAT order please provide contact telephone number:

Copy to PRACTITIONER / MSP Practitioner Number:

## Microbiology / Hematology / Chemistry Orders Only

Pathology requests – use Requisition [826233](#)

Cytology requests – use Requisition [809000](#)

### Note: Do not add fixative.

Submit separate specimens in fixative for Pathology or Cytology requests.

Hand deliver specimens directly to lab personnel in appropriate lab department.

Type of specimen and body site

Date and time of collection

Clinical History / Diagnosis (please indicate if prosthetic joint or medical device)

**Microbiology orders**  
 Bacterial C&S  
 Fungal C&S  
 Mycobacterial (TB) C&S  
 Other: \_\_\_\_\_

**Hematology orders**  
 Cell count & Differential  
 Crystals (joints)  
 Other: \_\_\_\_\_

**Chemistry orders**  
 Glucose  
 Total Protein  
 pH  
 LDH  
 Other: \_\_\_\_\_