

-NON-FASTING- Laboratory Requisition

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians.

THIS AREA IS FOR LAB USE
(DEMOGRAPHIC LABEL ONLY)

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 <input type="checkbox"/> F <input type="checkbox"/> M
Patient Address		City, Province	Postal Code	Chart Number		
Physician Name & MSC Number		Locum for:	C0 Number	Date/Time of Collection		Phlebotomist
		Physician _____	C0472	Date/Time/Name of Medication		
		MSC # _____		Telephone Requisition Received By:		
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	INITIAL/DATE	
Diagnosis and indications for guideline protocol and special tests						
Provincial guidelines/protocols should be consulted for tests in italics/shaded boxes. (www.bcguidelines.ca)						

HEMATOLOGY

WBC

Hemoglobin Hemoglobin ONLY

Hematology Profile (Hb, Hct, RBC, WBC, platelets and differential when indicated)

PT-INR

Warfarin Yes No

CHEMISTRY

Glucose - Fasting (see reverse for instructions)

GTT - Gestational diabetes screen (1 hr post 50 g)

GTT - Gestational diabetes confirmation

Pregnancy Test (one box MUST be marked)

Urine Serum

Therapeutic drug concentrations:
Specify drug(s)

TSH - Provide indication above if additional thyroid test ordered

PSA MSP billable Yes (Provide indication above) No (patient pays)

Ferritin Iron & transferrin saturation

Provide indication above if ordered together

LIPIDS (see reverse for instructions)

Major risk factors for CAD Yes No (patient pays)

Total Cholesterol

Triglycerides

HDL Cholesterol

LDL Cholesterol (calculated)

MICROBIOLOGY

TEST: Bacterial Culture Gram Stain
(list current antibiotics above)

SITE: Nose Sputum Throat Stool

Other: _____

TEST: Fungus Culture Fungus, direct exam (KOH prep)

SITE: Skin Nails

Other: _____

URINALYSIS/URINE CULTURE

Macroscopic (dipstick) Microscopic

Macroscopic → microscopic if dipstick positive

Macroscopic & microscopic (provide indication above)

Urinalysis → urine culture if pyuria or nitrite present

Urine culture (list current antibiotics above)

GENITAL SPECIMENS

Urine Chlamydia Gonorrhea

Cervix* Chlamydia Gonorrhea

Urethra* Chlamydia Gonorrhea

* special swab required

Vagina Initial (smear only)

Recurrent/chronic (smear & culture)

Trichomonas

Vagino-anorectal (Group B strep only) pregnancy

VIRAL HEPATITIS

Note: Testing will be according to the hepatitis guideline/protocol unless specifically ordered under additional tests/instructions.

Acute Chronic/Carrier Immune status

STOOL - OVA & PARASITES

One specimen Two specimens (high risk)

SPECIAL TESTS

HIV Serology - Non-nominal reporting

HIV Serology - Nominal reporting

* one box must be marked

Patient has legal right to choose nominal or non-nominal reporting.

ADDITIONAL TESTS/INSTRUCTIONS

Hematology profile

AST, ALT, amylase,

Bili (Total & direct), LDH,

Albumin

BUN, Creatinine

Na, K, Cl, HCO₃, PO₄, Ca, Mg,

CD4, VL

RPR

Serum pregnancy test

CRP

Apo B

HBA1C

Urine ACR

Urine CT&GC

Standing Order requests - expiry and frequency must be indicated

Physician Signature

Date

---FASTING---

Laboratory Requisition

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians.

THIS AREA IS FOR LAB USE
(DEMOGRAPHIC LABEL ONLY)

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
Patient Address		City, Province	Postal Code	YEAR	<input type="checkbox"/> F <input type="checkbox"/> M
Physician Name & MSC Number		Locum for:	CO Number	Chart Number	
Physician			C0472	Room # (LTC use only)	
MSC #				Date/Time of Collection	
Copy to		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting _____ hours prior to test	Date/Time/Name of Medication	
		<input type="checkbox"/> Phone <input type="checkbox"/> Fax	Telephone Requisition Received By:		
Diagnosis and indications for guideline protocol and special tests					
Provincial guidelines/protocols should be consulted for tests in italics/shaded boxes. (www.bcguidelines.ca)					

HEMATOLOGY	MICROBIOLOGY	SPECIAL TESTS
<input type="checkbox"/> WBC <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Hemoglobin ONLY <input type="checkbox"/> Hematology Profile (Hb, Hct, RBC, WBC, platelets and differential when indicated) <input type="checkbox"/> PT-INR Warfarin <input type="checkbox"/> Yes <input type="checkbox"/> No	TEST: <input type="checkbox"/> Bacterial Culture <input type="checkbox"/> Gram Stain (list current antibiotics above) SITE: <input type="checkbox"/> Nose <input type="checkbox"/> Sputum <input type="checkbox"/> Throat <input type="checkbox"/> Stool <input type="checkbox"/> Other: _____ TEST: <input type="checkbox"/> Fungus Culture <input type="checkbox"/> Fungus, direct exam (KOH prep) SITE: <input type="checkbox"/> Skin <input type="checkbox"/> Nails <input type="checkbox"/> Other: _____ URINALYSIS/URINE CULTURE <input type="checkbox"/> Macroscopic (dipstick) <input type="checkbox"/> Microscopic <input type="checkbox"/> Macroscopic → microscopic if dipstick positive <input type="checkbox"/> Macroscopic & microscopic (provide indication above) <input type="checkbox"/> Urinalysis → urine culture if pyuria or nitrite present <input type="checkbox"/> Urine culture (list current antibiotics above) GENITAL SPECIMENS Urine <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea Cervix* <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea Urethra* <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea * special swab required Vagina <input type="checkbox"/> Initial (smear only) <input type="checkbox"/> Recurrent/chronic (smear & culture) <input type="checkbox"/> Trichomonas Vagino-anorectal <input type="checkbox"/> (Group B strep only) pregnancy VIRAL HEPATITIS Note: Testing will be according to the hepatitis guideline/protocol unless specifically ordered under additional tests/instructions. <input type="checkbox"/> Acute <input type="checkbox"/> Chronic/Carrier <input type="checkbox"/> Immune status STOOL - OVA & PARASITES <input type="checkbox"/> One specimen <input type="checkbox"/> Two specimens (high risk)	<input type="checkbox"/> HIV Serology - Non-nominal reporting <input type="checkbox"/> HIV Serology - Nominal reporting * one box must be marked Patient has legal right to choose nominal or non-nominal reporting.
CHEMISTRY <input type="checkbox"/> Glucose - Fasting (see reverse for instructions) <input type="checkbox"/> GTT - Gestational diabetes screen (1 hr post 50 g) <input type="checkbox"/> GTT - Gestational diabetes confirmation <input type="checkbox"/> Pregnancy Test (one box MUST be marked) <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Therapeutic drug concentrations: Specify drug(s) _____ _____ <input type="checkbox"/> TSH - Provide indication above if additional thyroid test ordered <input type="checkbox"/> PSA MSP billable <input type="checkbox"/> Yes (Provide indication above) <input type="checkbox"/> No (patient pays) <input type="checkbox"/> Ferritin <input type="checkbox"/> Iron & transferrin saturation Provide indication above if ordered together LIPIDS (see reverse for instructions) Major risk factors for CAD <input type="checkbox"/> Yes <input type="checkbox"/> No (patient pays) <input type="checkbox"/> Total Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> LDL Cholesterol (calculated)		ADDITIONAL TESTS/INSTRUCTIONS Hematology profile AST, ALT, amylase, Bili (Total & direct), LDH, Albumin BUN, Creatinine Na, K, Cl, HCO3, PO4, Ca, Mg, CD4, VL RPR <input type="checkbox"/> Serum pregnancy test <input type="checkbox"/> CRP <input type="checkbox"/> Apo B <input type="checkbox"/> HBA1C <input type="checkbox"/> Urine ACR <input type="checkbox"/> Urine CT&GC <input type="checkbox"/> FBS <input type="checkbox"/> Total cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> HDL <input type="checkbox"/> LDL Standing Order requests - expiry and frequency must be indicated
LifeLabs complies with BC's Personal Information Protection Act. To provide medical services requested on this requisition, personal information collected and created is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Our privacy policy is available at www.lifelabs.com .		Physician Signature Date