



OUTPATIENT Laboratory Requisition

Please present your Care Card with each visit



ORDERING PHYSICIAN ADDRESS, MSP PRACTITIONER NUMBER

Highlighted fields must be completed to avoid delays in specimen collection and patient processing

For tests indicated with a shaded tick box consult provincial guidelines and protocols (www.BCGuidelines.ca)

Bill to MSP ICBC WorkSafeBC Patient Other
PHN NUMBER

ICBC/WorkSafeBC/RCMP NUMBER

SURNAME OF PATIENT

FIRST NAME OF PATIENT

DOB YYYY MM DD

SEX

Pregnant? Yes No Fasting? _____ h pc

TELEPHONE NUMBER OF PATIENT

M F

CHART NUMBER

ADDRESS OF PATIENT

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

LOGUM FOR PHYSICIAN:

MSP PRACTITIONER NUMBER:

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

Copy to Physician/MSP/Practitioner Number:

CITY/TOWN

PROVINCE

HEMATOLOGY	URINE TESTS	CHEMISTRY
<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 C282/C282Y homozygote (DNA testing)	<input type="checkbox"/> Urine culture – list current antibiotics: <input checked="" type="checkbox"/> Macroscopic → microscopic if dipstick positive <input checked="" type="checkbox"/> Macroscopic → urine culture pyuria or nitrite present <input checked="" type="checkbox"/> Macroscopic (dipstick) <input checked="" type="checkbox"/> Microscopic <input type="checkbox"/> Special case (if ordered together) <input type="checkbox"/> Pregnancy test	<input type="checkbox"/> Glucose – fasting (see reverse for patient instructions) <input type="checkbox"/> Glucose _____ hours post-meal <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 hour & 2 hour test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine
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"/> Urine <input type="checkbox"/> Superficial <input type="checkbox"/> Deep Wound 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> C. difficile testing <input checked="" type="checkbox"/> Stool culture <input checked="" type="checkbox"/> Stool ova & parasite exam <input checked="" type="checkbox"/> Stool ova @ parasite (high-risk, 2 samples)	HEPATITIS SEROLOGY <input checked="" type="checkbox"/> Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV igM) Hepatitis B (HBsAg, anti-HBs) Hepatitis C (anti-HCV) <input checked="" type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg, anti-HBc; anti-HBs) Hepatitis C (anti-HCV) <input checked="" type="checkbox"/> Investigation of hepatitis immune status Hepatitis A (anti-HAV, total) Hepatitis B (anti-HBs) <input checked="" type="checkbox"/> Hepatitis marker(s) HBsAg (For other hepatitis markers, please order specific test(s) below) HIV SEROLOGY (patient has legal right to choose nominal or non-nominal reporting) <input type="checkbox"/> Nominal reporting <input type="checkbox"/> Non-nominal reporting	LIPIDS <input checked="" type="checkbox"/> one box only. For other lipid investigations, please order specific tests below and provide diagnosis. <input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, 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 or treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> Self-pay lipid profile (non-MSP billable, fasting) THYROID FUNCTION For other thyroid investigations, please order specific tests below and provide diagnosis. <input type="checkbox"/> Suspected Hypothyroidism (TSH first, +/-FT4) <input type="checkbox"/> Suspected Hyperthyroidism (TSH first, +/-FT4, +/-FT3) <input type="checkbox"/> Monitor thyroid replacement therapy (TSH only) 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 – MSP billable <input type="checkbox"/> ALT <input type="checkbox"/> PSA screening (self-pay) <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> T. Protein
Standing order requests – expiry & frequency must be indicated <input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (age 50-74 asymptomatic q 2y) Copy to Colon Screening Program Fecal Occult Blood (other indications)		
OTHER TESTS		
SIGNATURE OF PHYSICIAN _____		DATE SIGNED
PHLEBOTOMIST		TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)
DATE OF COLLECTION	TIME OF COLLECTION	

INSTRUCTIONS TO PATIENTS (See reverse)

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.

This requisition form, when completed for tests performed by FHA Laboratories, is a medical referral to the Laboratory Physicians of FAH.

HLTH 1901 2010/11/08 Fraser Health ID LBXX1008158 Rev: March 21, 2016 Stores # 390190

LOCATION

PHONE

ABBOTSFORD

Abbotsford Regional Hospital & Cancer Centre, 32900 Marshal Road.
Gateway Medical Lab, 2051 McCallum Rd.

604-851-4700 Ext. 644851
604-870-7555

Please refer to

BURNABY

Burnaby Hospital, 3935 Kincaid Ave

604-412-6245

CHILLIWACK

Chilliwack General Hospital, 45600 Menholm Rd.
Sardis Outpatient Lab, #5 - 6014 Vedder Rd.

604-795-4141 Ext. 614108
604-824-9627

DELTA

Delta Hospital, 5800 Mountainview Blvd.

604-940-3431

HOPE

Fraser Canyon Hospital, 1275 – 7th Ave.

604-860-7702

LANGLEY

Langley Memorial Hospital, 22051 Fraser Hwy.

604-533-6403

MAPLE RIDGE

Ridge Meadows Hospital, 11666 Laity St.

604-463-1823

MISSION

Mission Memorial Hospital, 7324 Hurd St.

604-814-5115

NEW WESTMINSTER

Royal Columbian Hospital, 330 E. Columbia St.

604-520-4300

PORT MOODY

Eagle Ridge Hospital, 475 Guildford Way

604-469-3143

SURREY

Surrey Memorial Hospital, 13750 – 96th Ave.
Jim Pattison Outpatient Care and Surgery Centre, 9750 140th Street

604-588-3324
604-582-4555

WHITE ROCK / SOUTH SURREY

Peace Arch Hospital, 15521 Russell Ave
Ocean Park Lab, 1673 – 128th St.

604-535-4500 Ext 757623
604-536-0699

<http://www.fraserhealth.ca>

- Find us
- Find a service
- Type Outpatient Laboratory
- Select location

Or

[Lower Mainland Labs](http://pod/lmlabs/Pages/default.aspx)

<http://pod/lmlabs/Pages/default.aspx>

For our most up to date Outpatient hours

INSTRUCTIONS FOR PATIENTS

<p>FASTING TESTS INCLUDE: Fasting glucose, Glucose/Lactose Tolerance testing, Amino Acids, preferred for iron - No food or drink for 8 hours before test except for sips of water.</p> <p>Triglycerides, Homocysteine No food or drink for 10 hours before test except of sips of water.</p> <p>For all tests regular medication may be taken.</p>	<p>Cortisol: You are required to rest in lab for 30 minutes before collection of your blood for Cortisol levels. AM (morning) Cortisol must be collected before 10:30 am and PM (afternoon) Cortisol are collected between 3 and 6 pm – lab staff will advise you of the time to return for you PM Cortisol. Both tests should be performed on the same day.</p> <p>THERAPEUTIC DRUG MONITORING: Blood is usually taken just prior to the next dose. Information about time and amount of the last dose and dosing frequency is required for interpretation.</p>
<p>TESTS THAT MAY REQUIRE AN APPOINTMENT, A SPECIFIC TIME OF COLLECTION OR MAY BE DONE ONLY AT CERTAIN LABS: Please call the Lab you plan to go to for instructions and details. Glucose/Lactose Tolerance Tests, H. Pylori Breath Test, Testosterone (collected 7:00 am to 10:00 am only), Special Coagulation Testing, Special Endocrine Stimulation Tests, Sweat Tests, and Bone Marrows & Needle Aspirates.</p>	<p>TESTS REQUIRING SPECIAL CONTAINERS: "Take specimens to the Laboratory as soon as possible." 24 hr Urine collections FIT Kits Urine organic acids 72 hr Fecal Fat Urine for Chlamydia Ova & Parasites Midstream Urine for C & S / TB Stool for C & S Sputum for Acid Fast Bacilli or C & S</p>
<p>ELECTROCARDIOGRAMS (ECG) & HOLTER MONITORING: ECGs are available at most FHA laboratory collection sites and do not require an appointment. Holter monitoring is available at most FHA Cardiology departments and require an appointment.</p> <p>Exceptions: No ECG's - Surrey Memorial Hospital, Royal Columbian Hospital, Sardis, Sunset, Ocean Park & Gateway Laboratory Collection ECG requires appointment – Eagle Ridge Hospital No Holter Monitoring - Mission Memorial Hospital Holter Monitoring performed by laboratory - Fraser Canyon Hospital</p>	