BRITISH COLUMBIA | Ministry of Health

BCMA
BRITISH COLUMBIA MEDICAL ASSOCIATION

LABORATORY REQUISITION

ORDERING PHYSICIAN: ADDRESS, MSP PRACTITIONER NUMBER

Yellow highlighted fields must be completed to avoid delays in specimen collection and patient processing.

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

Bill to ➠ ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER: ____________

PHN NUMBER | ICBC/WorkSafeBC/RCMP NUMBER

LOCUM FOR PHYSICIAN:

SURNAME OF PATIENT | FIRST NAME OF PATIENT

MSP PRACTITIONER NUMBER

DOB YYYY MM DD | SEX ☐ M ☐ F | Pregnant? ☐ YES ☐ NO Fasting? ________ h pc

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

TELEPHONE NUMBER OF PATIENT | CHART NUMBER

Copy to Physician/MSP Practitioner Number:

ADDRESS OF PATIENT | CITY/TOWN | PROVINCE

DIAGNOSIS | CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY

☐ Hematology profile
☐ PT-INR ☐ On warfarin?
☐ 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)

URINE TESTS

☐ Urine culture – list current antibiotics: ____________

☐ Macroscopic → microscopic if dipstick positive
☐ Macroscopic → urine culture if pyuria or nitrite present
☐ Macroscopic (dipstick) ☐ Microscopic
☐ Special case (if ordered together)

CHEMISTRY

☐ Glucose – fasting (see reverse for patient instructions)
☐ GTT – gestational diabetes screen (50 g load, 1 hour post-load)
☐ GTT – gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
☐ Hemoglobin A1c
☐ Albumin/creatinine ratio (ACR) - Urine

LIPIDS

✔ one box only. For other lipid investigations, please order specific tests below and provide diagnosis.

☐ Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting)
☐ Follow-up treated hypercholesterolemia: (Total, HDL & non-HDL Cholesterol, fasting not required)
☐ Follow-up treated hypercholesterolemia: (ApoB only, fasting not required)
☐ Self-pay lipid profile (non-MSP billable, fasting)

THYROID FUNCTION

For other thyroid investigations, please order specific tests below and provide diagnosis.

☐ Monitor thyroid replacement therapy (TSH Only)
☐ Suspected Hypothyroidism (TSH first ± fT4)
☐ Suspected Hyperthyroidism (TSH first, ± fT4, ± fT3)

OTHER CHEMISTRY TESTS

☐ Sodium
☐ Potassium
☐ Albumin
☐ Alk phos
☐ ALT
☐ Bilirubin
☐ GGT
☐ T. Protein
☐ Creatinine / eGFR
☐ Calcium
☐ Creatine kinase (CK)
☐ PSA – Known or suspected prostate cancer (MSP billable)
☐ PSA screening (self-pay)
☐ Pregnancy test ☐ Serum ☐ Urine

MICROBIOLOGY – label all specimens with patient's first & last name, DOB and/or PHN & site

ROUTINE CULTURE

List current antibiotics: ____________

☐ Throat ☐ Sputum ☐ Blood ☐ Urine
☐ Superficial Wound ☐ Deep Wound Site: ____________

☐ Other: ____________

VAGINITIS
☐ Initial (smear for BV & yeast only)
☐ Chronic/recurrent (smear, culture, trichomonas)
☐ Trichomonas testing

GROUP B STREP SCREEN (Pregnancy only)
☐ Vagino-anorectal swab ☐ Penicillin allergy

CHLAMYDIA (CT) & GONORRHEA (GC)
☐ CT & GC testing
Source/site: ☐ Urethra ☐ Cervix ☐ Urine
☐ GC culture: ☐ Throat ☐ Rectal
☐ Other: ____________

STOOL SPECIMENS
history of bloody stools? ☐ Yes
☐ *C.difficile* testing
☐ Stool culture
☐ Stool ova & parasite exam
☐ Stool ova & parasite (high risk, 2 samples)

DERMATOPHYTES
☐ Dermatophyte culture ☐ KOH prep (direct exam)
Specimen: ☐ skin ☐ Nail ☐ Hair

Site: ____________

MYCOLOGY
☐ Yeast ☐ Fungus Site: ____________

HEPATITIS SEROLOGY

☐ **Acute viral hepatitis undefined etiology**
Hepatitis A (anti-HAV IgM)
Hepatitis B (HBsAg ± anti-HBc)
Hepatitis C (anti-HCV)

☐ **Chronic viral hepatitis undefined etiology**
Hepatitis B (HBsAg; anti-HBc; anti-HBs)
Hepatitis C (anti-HCV)

Investigation of hepatitis immune status
☐ Hepatitis A (anti-HAV, total)
☐ Hepatitis B (anti-HBs)

Hepatitis marker(s)
☐ HBsAg
(For other hepatitis markers, please order specific test(s) below)

☐ **HIV Serology**
(patient has the legal right to choose not to have their name and address reported to public health = non-nominal reporting)
☐ Non-nominal reporting

OTHER TESTS

Standing Orders Include expiry & frequency	☐ ECG	☐ Fecal Occult Blood (Age 50 - 74 asymptomatic q2y) Copy to Colon Screening Program ☐ Fecal Occult Blood (Other indications)

SIGNATURE OF PHYSICIAN | DATE SIGNED

DATE OF COLLECTION | TIME OF COLLECTION | PHLEBOTOMIST | TELEPHONE REQUISITION RECEIVED BY: (employee/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.

HLTH 1901 2013/10/02