

# Laboratory Requisition

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians. It is for the use of authorized health care providers only.

THIS AREA IS FOR LAB USE

COMPLETE and ACCURATE information is required in all shaded areas.									
Patient Surname (from CareCard)		First Initial(s)		Initial(s)	Date of Birth		1	Sex	
						DAY	MONTH	YEAR	<b>▼</b> F □ M
Bill to: ☐ MSP ☐ ICBC ☐	WorkSafeBC	Patient	r		Chart	t Number		Room # (LTC	C use only)
PHN		I.D. Number							
Patient Address	City	, Province	Posta	I Code	Patie	ent Teleph	one Numbe	er	
Out to District Address	Lagum for:		CO Number		Date/	Time of C	ollection   F	Phlebotomist	Data Entry
Ordering Physician, Address, MSP Practitioner Number	Locum for:		C0 Number		Battor	711110 01 0	Olicotion 1	Thobotomist	Data Entry
	Physician				Date/	/Time/Nam	ne of Medica	ition	
	M00 #				Bator	rimoritan	io oi modioc	10011	
Copy to: Address,	MSC #	☐ Fasting	Phone	Fax	Telep	hone Rea	uisition Rec	eived Bv:	
MSP Practitioner Number	Yes No			Ш	. 5.5p			•	
	Diagnosis and	hours prior to te indications for guide		special tests			INIT	IAL/DATE	
	1st Prenata								
	For tests indicate	ed with a shaded tick b	ox III. consult pro	vincial quidelines	and protoc	cols (www	/.BCGuidel	ines.ca)	
HEMATOLOGY	Tot toolo iriaidat	MICROBIOLOGY	LABEL ALL SPECII	MENS WITH	and protoc	, , , , , , , , , , , , , , , , , , ,	URINE 1		
Hematology profile		WICKOBIOLOGI	DOB AND/OR PHN	& SITE	■ Urine c	culture - lis	t current and	tibiotics:	
PT-INR		ROUTINE CULTURE							
HFE – Hemochromatosis (check ONE box of	nly)	List current antibiotics:			■ Macros	scopic →	microscopic	if dipstick posi	itive
Confirm diagnosis (ferritin first, ± TS, ±		☐ Throat ☐ Sputu☐ Superficial	m 🔲 Blood					if pyuria or nit	
Sibling/parent is C282Y/C282Y homoz	rygote (DNA testing)	Wound Site:			☐ Macros		(if ordered t	Microscopic ogether)	
CHEMISTRY  ☐ Glucose - fasting (see reverse for patient)	instructions)	☐ Deep Wound Site:			·			EROLOGY	,
Grand					✓ One bo				rs, please order
GTT - gestational diabetes confirmation (75 g load	, fasting, 1 & 2 hour test)	Other:			under	under Other Tests section.			
<ul><li>☐ Hemoglobin A1c</li><li>☐ Albumin/creatinine ratio (ACR) - Urine</li></ul>		VACINITIO				<ul> <li>Acute viral hepatitis undefined etiology</li> <li>Hepatitis A (anti-HAV IgM)</li> </ul>			
LIPIDS		☐ Initial (smear for BV & yeast only) ☐ Chronic/recurrent (smear, culture, trichomonas)				Hepatitis B (HBsAg, plus anti-HBc if required) Hepatitis C (anti-HCV)			
✓ One box only. For other lipid investigations, please		☐ Trichomonae teeting							
order under Other Tests section and provide diagnosis.  Baseline cardiovascular risk assessment or follow-up		GROUP B STREP SCREEN (Pregnancy only)			Hepatit	Hepatitis B (HBsÅg, anti-HBc, anti-HBs) Hepatitis C (anti-HCV)			
(Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting)		☐ Vagino-anorectal swab ☐ Penicillin allergy ☐			Investigation of hepatitis immune status				
Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required)		CHLAMYDIA (CT) & GONORRHEA (GC)			☐ Hepatit	Hepatitis A (anti-HAV, total)  Hepatitis B (anti-HBs)			
☐ Follow-up of treated hypercholesterolemia (ApoB only,		CT & GC Testing			M Hepati	Hepatitis marker(s) HBsAg			
fasting not required)  Self-pay lipid profile (non-MSP billable, fasting)		Source/site: ☐ Urethra ☐ Cervix 👿 Urine ☐ GC culture: ☐ Throat ☐ Rectal			HIV SEROLOGY				
THYROID FUNCTION					HIV Se	HIV Serology			
✓ One box only. For other thyroid investigations, please		STOOL SPECIMENS			(patient has legal right to choose not to have their name and address reported to public health – non-nominal reporting)				
order under Other Tests section and p  ☐, Monitor thyroid replacement therapy (TSI	•	History of bloody stools?				n-nominal			nai reporting)
Suspected Hypothyroidism TSH first (plus	s FT4 if required)	<ul><li>C. difficile testing</li><li>Stool culture</li></ul>					OTHER:	TECTO	
Suspected Hyperthyroidism, TSH first (plus F	T4 or FT3 if required)	Stool culture  Stool ova & parasite	exam			□ Fecal	OCCUIT Blood		symptomatic q2y)
<u>OTHER CHEMISTRY TESTS</u> ☐ Sodium ☐ Creatinine/eGFR		■ Stool ova & parasite	(high risk, 2 samples	3)	□ ECG	Сору	to Colon Scr	eening Program	m.
☐ Potassium ☐ Calcium		<b>DERMATOPHYTES</b>				☐ Fecal	Occult Blood	d (other indicati	ons)
☐ Albumin ☐ Creatine kinase (CK)☐ Alk phos ☐ PSA - Known or sus	'	☐ Dermatophyte culture		(direct exam)					
ALT cancer (MSP billable	)	Specimen: ☐ Skin	□Nail	□Hair	 	<b>4</b> 1 = 1	auc	- المطريس	1:1ar -1-
<ul><li>☐ Bilirubin</li><li>☐ PSA screening (self-</li><li>☐ GGT</li><li>☐ Pregnancy Test</li></ul>	pay)	Site:			plood	type/	group,	rubella	titer,sts,
☐ T. Protein ☐ Serum ☐ Urine		MYCOLOGY	gus Site:		anti He	ep C, a	anti vzv,	ast	
The personal information collected on this form a		☐ Yeast ☐ Funç	gus SILE		Standing Or	rder reques	sts - expirv a	nd freauency m	nust be indicated
subsequently developed will be used and disclosed only as permitted or required by the Personal Information Protection Act (and related acts		Date			Physician S			. 4-5110) 11	
and regulations) of British Columbia. LifeLabs priv at <a href="https://www.lifelabs.com">www.lifelabs.com</a> . Use of this form implies of the identified patient data and specimens for quality	onsent for the use of	Description to 1997 for							

## LifeLabs Locations

#### You will be asked to present your Care Card/BC Services Card at each visit.

For tests not covered by MSP, payment can be made by VISA, MasterCard and Debit.

Test Results for clinicians: 1-800-431-7206. Patients can register to receive test results at www.myehealth.ca

Abbotsford	MON-FRI	SAT	SUN
103-2151 McCallum Road	6:30-5:30	7:00-12:00	7:00-12:00
207-2825 Clearbrook Rd	7:00-3:00		
201-32475 Simon Ave.	7:00-5:00	7:00-12:00	7:00-12:00
Agassiz			
1-7069 Cheam Ave.	7:00-1:30		
Aldergrove			
610-26310 Fraser Hwy.	7:00-3:30		
Burnaby			
302-3965 Kingsway	7:00-5:00	7:00-12:00	
104-7885 6th St.	7:30-4:00		
203-6542 Hastings St.	7:30-4:00	7:00-12:00	
103-4012 Hastings St.	7:30-4:00	7:00-12:00	
324 Gilmore Ave.	6:30-5:00	6:30-3:00	8:00-12:00
201-4980 Kingsway	6:30-6:00	7:00-2:00	7:00-12:00
Chilliwack			
608-8236 Eagle Landing Parkway	6:30-5:00	7:00-12:00	
Delta (Ladner/Tsawwassen	)		
201-8425 120th St.	6:30-6:00	7:00-2:00	7:00-12:00
122-6345 120th St.	7:30-4:00	7:00-12:00	
114-1077 56th St.	7:00-4:00		
104-4515 Harvest Drive	7:00-4:00	7:00-1:00	
Langley			
209-5503 206th St.	6:30-5:30	7:00-12:00	
105-20103 40th Ave.	7:00-3:30		
102B- 20999 88th Ave.	7:00-5:00	7:00-12:00	
130-19653 Willowbrook Dr.	7:00-3:30	7:00-12:00	7:00-12:00
Maple Ridge/Pitt Meadows			
101-11743 224th St.	6:30-5:00	7:00-12:00	7:00-12:00
102-12195 Harris Rd.	8:00-4:00		
Mission			
103-7343 Hurd St.	7:30-4:00		
New Westminster			
508-625 5th Ave.	6:30-5:00	7:00-2:00	
227 Nelson's Cresent	8:00-4:00		
North Vancouver			
201-3650 Mount Seymour Parkway	7:00-3:30	7:00-12:30	
Ste. 215-1916 Lonsdale Ave.	6:30-5:00	6:30-3:00	
209-1200 Lynn Valley Rd.	7:00-3:30		
102-845 Marine Drive	6:30-5:00	6:30-2:30	7:30-11:30
Richmond			
170-6451 Buswell St.	7:00-5:00	7:00-3:00	
172-6180 Blundell Rd.	7:00-5:00	7:00-1:00	
104-3811 Chatham Rd.	7:00-4:00		
107-6051 Gilbert Rd.	8:00-4:00		
1150-4151 Hazelbridge Way	7:30-3:30	7:00-12:00	
200-5791 No. 3 Rd.	6:00-5:00	6:00-3:00	7:00-12:00
Surrey	7.00 4.00	0.00.000	
201-12080 Nordel Way	7:00-4:30	6:00-3:00	0.00.40.60
113-7130-120th St.	7:00-4:00	7:00-1:00	8:00-12:00
102-17760-56th Ave.	6:30-5:00	7:00-2:00	7:00-12:00

Surrey Continued	MON-FRI	SAT	SUN
204-9014 152nd St.	6:30-5:00	7:00-2:00	7:00-12:00
19-15300 105th Ave.	6:30-5:00	7:00-12:00	
202-16088 84th Ave.	7:30-4:00		
101-9656 King George Blvd.	6:30-5:00		
112-15252 32nd Ave.	7:30-4:00	7:00-12:00	
124-13745 72nd Ave.	6:30-5:00	7:00-2:00	7:00-12:00
101-10166 King George Blvd.	7:30-4:00	6:30-12:00	
South Surrey/White Rock			
120-15331-16th Ave.	7:00-5:00	7:00-12:00	
112-15252-32nd Ave.	7:30-4:00	7:00-12:00	
105-1656 Martin Dr.	6:30-5:00	7:00-1:00	
Tri-Cities (Coquitlam, Port C		: Moody)	
115-1465 Salisbury Ave.	8:00-4:00		
7-2185 Wilson Ave.	6:30-5:00	7:00-12:00	7:00-12:00
101-2624 St. Johns St.	7:30-3:30		
208-3001 Gordon Ave.	7:00-5:00	7:00-3:00	8:00-12:00
313-1194 Lansdowne Drive	6:30-5:00	7:00-12:00	7:00-12:00
106-1015 Austin Ave.	7:00-5:00	7:00-2:00	
Suite R-435 North Rd.	7:00-4:30	7:00-12:00	7:00-12:00
Vancouver			
306-1750 E. 10th Ave.	7:00-5:00	7:00-12:00	
2736 E. Hastings St.	7:30-4:00		
972 W. King Edward Ave.	7:30-3:30		
33-5740 Cambie St.	7:30-4:00	7:00-12:00	
206-1160 Burrard St.	7:00-5:00		
136 Davie St.	7:00-3:30		
2-1530 W. 7th Ave.	8:00-4:00	8:00-1:00	
104-888 W. 8th Ave.	8:30-4:00	0.00.40.00	
4366 W. 10th Ave.	8:30-4:30	8:00-12:30	
215-650 W. 41st Ave.	6:30-4:30	6:30-3:30	
112-3540 W. 41st Ave.	8:30-5:00	0.00 1.00	
2061 W. 42nd Ave.	8:00-4:30	8:00-1:00	
701-750 W. Broadway	7:00-5:00	7:00-3:00	
220-943 W. Broadway	9:00-5:00		
290-2184 W. Broadway 208-1200 Burrard St.	7:30-5:00	0.00 1.00	
6540 Fraser St.	8:00-4:00	8:00-1:00	
8677 Granville St.	7:30-5:00 8:00-4:00	7:30-3:30	
408 E. Hastings St.	8:00-3:30		
835-777 Hornby St.	7:00-3:00		
204-180 Keefer St.	7:00-3:00	7:00-12:00	
		7.00-12.00	
4527 Main St. 340-3150 E. 54th Ave.	8:00-3:30 8:00-4:00		
5786 Victoria Dr.	6:00-4:30	7:00-3:00	7:00-12:00
West Vancouver	0.00-4.30	1.00-3.00	1.00-12.00
109-575 16th St.	7:30-5:00	7:00-2:30	
115-2419 Bellevue Ave.	7:00-3:00	1.00-2.30	
Sunshine Coast	1.00-0.00		
118-1100 Sunshine Coast Hwy, Gibsons	7:30-3:30		
101-5531 Inlet Ave./Sechelt	7:30-3:30		
101 0001 IIIIOLAVE./OEGIIEIL	1.00 0.00		

### PATIENT INSTRUCTIONS: (unless otherwise indicated by your physician)

**Fasting Required:** Do not eat or drink (except water) for 8-12 hours before the following tests:

- GLUCOSE fasting
- GTT-gestational diabetes confirmation and GTT non pregnant
- LIPIDS/CHOLESTEROL if indicated

Note: Chewing gum and brushing teeth during the fasting period is acceptable.

Fasting is preferred, but not required for the following tests:

- Homocysteine, Iron/Transferrin
- **H. Pylori:** Do not eat, drink (except water), or smoke for **4 hours** before the test. Do not drink **any** fluid for the last hour of fasting.

AM Cortisol and Testosterone: Collect sample within 3 hours of waking

Patient Instructions are also available on our website www.lifelabs.com

### APPOINTMENTS ARE REQUIRED FOR THE FOLLOWING TESTS:

Call to schedule an appointment Mon - Fri from 9am - 5pm 604-412-4495 or Toll Free 1-855-412-4495

- Ambulatory Blood Pressure
- · Coagulation Factor Assays
- DOT/non-DOT Drug Screen
- Holter Monitor
- Lactose Tolerance/Hydrogen Breath Test
- Paternity / DNA
- Semen Analysis

### APPOINTMENTS ARE <u>AVAILABLE BUT NOT REQUIRED</u> FOR THE FOLLOWING TESTS:

- Legal Drug Screen
- Panorama Pre-Natal Screening Test

For tests not listed above, you may arrive without an appointment OR schedule an appointment at a LifeLabs location online at <a href="https://www.lifelabs.com">www.lifelabs.com</a>.