LifeLabs®
Medical Laboratory Services

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 (DAY / MONTH / YEAR)	Sex
				☐ F ☐ M

Bill to: ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ Patient ☐ Other _____

PHN _____ I.D. Number _____

Chart Number | Room # (LTC use only)

Patient Address | City, Province | Postal Code | Phone Number

Physician Name & MSC Number

Locum for:
Physician _____
MSC # _____

C0 Number

Date/Time of Collection | Phlebotomist

Date/Time/Name of Medication

Copy to

Pregnant ☐ Yes ☐ No

☐ Fasting ____ hours prior to test

☐ Phone ☐ Fax

Telephone Requisition Received By: 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

Standing Order requests - expiry and frequency must be indicated

Physician Signature

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.

Date