LifeLabs®

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): KISSOCK | First: JAGODA | Initial(s) | Date of Birth (DAY / MONTH / YEAR): 23 / 05 / 1985 | Sex: ☐ F ☐ M

Bill to: ☑ MSP ☐ ICBC ☐ WorkSafeBC ☐ Patient ☐ Other _____ | Chart Number | Room # (LTC use only)

PHN _____ I.D. Number _____

Patient Address | City, Province: BC, Canada | Postal Code | Patient Telephone Number: (000) 000-0000 (000) 000-0000

Ordering Physician, Address, MSP Practitioner Number:
Dr. Jagoda Kissock 62567
#902 - 13737 96th Ave
Surrey BC, Canada V3V 0C6

Locum for:
Physician _____
MSC # _____

C0 Number

Date/Time of Collection | Phlebotomist | Data Entry

Date/Time/Name of Medication

Copy to: Address, MSP Practitioner Number
Dr.

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

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

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)

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 & 2 hour test)
- ☐ Hemoglobin A1c
- ☐ Albumin/creatinine ratio (ACR) - Urine

LIPIDS

✔ **One box only. For other lipid investigations, please order under Other Tests section and provide diagnosis.**
- ☐ Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting)
- ☐ Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required)
- ☐ Follow-up of treated hypercholesterolemia (**ApoB only**, fasting not required)
- ☐ Self-pay lipid profile (non-MSP billable, fasting)

THYROID FUNCTION

✔ **One box only. For other thyroid investigations, please order under Other Tests section and provide diagnosis.**
- ☐ Monitor thyroid replacement therapy (TSH Only)
- ☐ Suspected Hypothyroidism TSH first (plus FT4 if required)
- ☐ Suspected Hyperthyroidism, TSH first (plus FT4 or FT3 if required)

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

The personal information collected on this form and any medical data subsequently developed will be used and disclosed only as permitted or required by the Personal Information Protection Act (and related acts and regulations) of British Columbia. LifeLabs privacy policy is available at www.lifelabs.com. Use of this form implies consent for the use of de-identified patient data and specimens for quality assurance purposes.

MICROBIOLOGY

LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR PHN & SITE

ROUTINE CULTURE

List current antibiotics: _____
- ☐ Throat ☐ Sputum ☐ Blood
- ☐ Superficial Wound Site: _____
- ☐ 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: _____

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)

HEPATITIS SEROLOGY

✔ **One box only. For other Hepatitis Markers, please order under Other Tests section.**
- ☐ **Acute viral hepatitis undefined etiology**
  Hepatitis A (anti-HAV IgM)
  Hepatitis B (HBsAg, plus anti-HBc if required)
  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

HIV SEROLOGY

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

OTHER TESTS

- ☐ ECG
- ☐ Fecal Occult Blood (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program.
- ☐ Fecal Occult Blood (other indications)

CBC, lytes, Cr, A1c, ALT, AST, LDL,HDL, trigs, non-HDL, FSH, LH, Estradiol, Total testosterone, prolactin, 25OH vitamin D q3months x 1 year

Standing Order requests - expiry and frequency must be indicated

Date: February 03, 2025

Requisition is valid for one year from the date of issue.

Physician Signature