

COMPLETE and ACCURATE information is required in all shaded areas.

Patient Surname (from CareCard)		First	Initial(s)	Date of Birth		Sex
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> Patient <input type="checkbox"/> Other _____		PHN _____		DAY	MONTH	YEAR
Patient Address		City, Province	Postal Code	Patient Telephone Number		<input type="checkbox"/> F <input type="checkbox"/> M
Ordering Physician, Address, MSP Practitioner Number		Locum for: Physician _____	C0 Number _____	Date/Time of Collection	Phlebotomist	Data Entry
Copy to: Address, MSP Practitioner Number		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fasting _____ hours prior to test	Date/Time/Name of Medication		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 On Anticoagulant? Yes No

INR Specify: _____

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)

Glucose - random

GTT - gestational diabetes screen (50 g load, 1 hour post-load)

GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)

GTT - non-gestational diabetes

Hemoglobin A1c

Albumin/creatinine ratio (ACR) - Urine

LIPIDS

One box only.

Note: Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances [e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory requirements.

Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol, & triglycerides (Baseline or Follow-up of complex dyslipidemia)

Follow-up Lipid Profile - Total, HDL & Non HDL cholesterol only

Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated)

THYROID FUNCTION

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

Monitor thyroid replacement therapy (TSH Only)

Suspected Hypothyroidism (TSH first, fT4 if indicated)

Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated)

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 - Known or suspected prostate cancer (MSP billable)
<input type="checkbox"/> ALT	<input type="checkbox"/> PSA screening (self-pay)
<input type="checkbox"/> B12	<input type="checkbox"/> Pregnancy Test
<input type="checkbox"/> Bilirubin	<input type="checkbox"/> β-HCG - quantitative
<input type="checkbox"/> GGT	
<input type="checkbox"/> T. Protein	

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

On Antibiotics? Yes No Specify: _____

Throat Sputum Blood Urine

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) by NAAT

Source/site: Urethra Cervix Urine

Vagina Throat Rectum

Other: _____

GONORRHEA (GC) CULTURE

Source/site: Cervix Urethra Throat Rectum

Other: _____

STOOL SPECIMENS

History of bloody stools? Yes No

C. difficile testing Stool culture Stool ova & parasite exam

Stool ova & parasite (high risk, submit 2 samples)

DERMATOPHYTES

Dermatophyte culture KOH prep (direct exam)

Specimen: Skin Nail Hair

Site: _____

MYCOLOGY

Yeast Fungus Site: _____

Date _____

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

URINE TESTS

Macroscopic → microscopic if dipstick positive

Macroscopic → urine culture if pyuria or nitrite present

Macroscopic (dipstick) Microscopic*

*Clinical information for microscopic required: _____

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

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

FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program

FIT No copy to Colon Screening Program

Standing Order requests - expiry and frequency must be indicated

Practitioner Signature: _____

LifeLabs Locations

Hours of operation are subject to change.
For current hours and locations visit our website at www.lifelabs.com

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

	MON-FRI	SAT	SUN
Abbotsford 103-2151 McCallum Road 207-2825 Clearbrook Rd 201-32475 Simon Ave.	6:30-5:30 7:00-3:00 7:00-5:00	7:00-12:00 7:00-12:00	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 104-7885 6th St. 203-6542 Hastings St. 103-4012 Hastings St. 324 Gilmore Ave. 201-4980 Kingsway	7:00-5:00 7:30-4:00 7:30-4:00 7:30-4:00 6:30-5:00 6:30-6:00	7:00-12:00 7:00-12:00 7:00-12:00 7:00-12:00 6:30-3:00 7:00-2:00	8:00-12:00 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. 122-6345 120th St. 114-1077 56th St. 104-4515 Harvest Drive	6:30-6:00 7:30-4:00 7:00-4:00 7:00-4:00	7:00-2:00 7:00-12:00 7:00-1:00	7:00-12:00
Langley 209-5503 206th St. 105-20103 40th Ave. 102B- 20999 88th Ave. 130-19653 Willowbrook Dr.	6:30-5:30 7:00-3:30 7:00-5:00 7:00-3:30	7:00-12:00 7:00-12:00 7:00-12:00	7:00-12:00
Maple Ridge/Pitt Meadows 101-11743 224th St. 102-12195 Harris Rd.	6:30-5:00 8:00-4:00	7:00-12:00	7:00-12:00
Mission 103-7343 Hurd St.	7:30-4:00		
New Westminster 508-625 5th Ave. 227 Nelson's Crescent	6:30-5:00 8:00-4:00	7:00-2:00	
North Vancouver 201-3650 Mount Seymour Parkway 215-1916 Lonsdale Ave. 305-1200 Lynn Valley Rd. 102-845 Marine Drive	7:00-3:30 6:30-5:00 7:00-3:30 6:30-5:00	7:00-12:30 6:30-3:00	7:30-11:30
Richmond 170-6451 Buswell St. 172-6180 Blundell Rd. 104-3811 Chatham Rd. 107-6051 Gilbert Rd. 1150-4151 Hazelbridge Way 200-5791 No. 3 Rd. 3688 Cessna Drive (Pacific Autism Fam Ctr)	7:00-5:00 7:00-5:00 7:00-4:00 8:00-4:00 7:30-3:30 6:00-5:00 9:00-5:00 (Tues Only)	7:00-3:00 7:00-1:00 7:00-12:00 6:00-3:00	7:00-12:00
Surrey 201-12080 Nordel Way 113-7130-120th St. 102-17760-56th Ave.	7:00-4:30 7:00-4:00 6:30-5:00	6:00-3:00 7:00-1:00 7:00-2:00	8:00-12:00 7:00-12:00

	MON-FRI	SAT	SUN
Surrey Continued 204-9014 152nd St. 19-15300 105th Ave. 202-16088 84th Ave. 101-9656 King George Blvd. 112-15252 32nd Ave. 140-7404 King George Blvd. 101-10166 King George Blvd.	6:30-5:00 6:30-5:00 7:30-4:00 6:30-5:00 7:30-4:00 6:30-5:00 7:30-4:00	7:00-2:00 7:00-12:00 7:00-2:00 6:30-12:00	7:00-12:00
South Surrey/White Rock 120-15331-16th Ave. 112-15252-32nd Ave. 105-1656 Martin Dr.	7:00-5:00 7:30-4:00 6:30-5:00	7:00-12:00 7:00-12:00 7:00-1:00	
Tri-Cities (Coquitlam, Port Coquitlam, Port Moody) 115-1465 Salisbury Ave. 7-2185 Wilson Ave. 101-2624 St. Johns St. 208-3001 Gordon Ave. 313-1194 Lansdowne Drive 106-1015 Austin Ave. Suite R-435 North Rd.	8:00-4:00 6:30-5:00 7:30-3:30 7:00-5:00 6:30-5:00 7:00-5:00 7:00-4:30	7:00-12:00 7:00-12:00 7:00-3:00 7:00-12:00 7:00-2:00 7:00-12:00	7:00-12:00 8:00-12:00 7:00-12:00
Vancouver 306-1750 E. 10th Ave. 972 W. King Edward Ave. 8207 Ontario Street 206-1160 Burrard St. 136 Davie St. 2-1530 W. 7th Ave. 104-888 W. 8th Ave. 4366 W. 10th Ave. 215-650 W. 41st Ave. 112-3540 W. 41st Ave. 2061 W. 42nd Ave. 701-750 W. Broadway 220-943 W. Broadway 290-2184 W. Broadway 208-1200 Burrard St. 6540 Fraser St. 8677 Granville St. 407 Gore Avenue 835-777 Hornby St. 204-180 Keefer St. 4527 Main St. 340-3150 E. 54th Ave. 5786 Victoria Dr. 1506 E. Hastings St.	7:00-5:00 7:30-3:30 7:30-4:00 7:00-5:00 7:00-3:30 8:00-4:00 8:30-4:00 8:30-4:30 6:30-4:30 8:30-5:00 8:00-4:30 7:00-5:00 9:00-5:00 7:30-5:00 8:00-4:00 7:30-5:00 8:00-4:00 8:00-3:30 7:00-3:00 7:00-4:00 8:00-3:30 8:00-4:00 6:00-4:30 7:30-4:00	7:00-12:00 7:00-12:00 8:00-1:00 8:00-12:30 6:30-3:30	7:00-12:00 7:00-12:00
West Vancouver 109-575 16th St. 115-2419 Bellevue Ave.	7:30-5:00 7:00-3:00	7:00-2:30	
Sunshine Coast 118-1100 Sunshine Coast Hwy, Gibsons 101-5531 Inlet Ave, Sechelt	7:30-3:30 7:30-3:30		

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
- Semen Analysis

APPOINTMENTS ARE AVAILABLE BUT NOT REQUIRED FOR THE FOLLOWING TESTS:

- Legal Drug Screen - See LifeLabs.com for a list of designated locations
- 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 www.lifelabs.com.