

## STANDARD OUT-PATIENT ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

Yellow highlighted fields must be completed.	For tests indicated with a blue tick box , consult provincial guidelines and protocols (www.BCGuidelines.ca) https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines								
$\frac{\text{Bill to}}{\text{Bill to}} \rightarrow \frac{1}{2} \text{ MSP} \qquad \boxed{1}$	CBC 🗌 WorkSafeBC 🗌 PA	IENT 🗌 OTHER:			_				
PERSONAL HEALTH NUMBER		ICBC/WorkSafeBC NUMBER			LOCUM FO	LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:			
LAST NAME OF PATIENT		FIRST NAME OF PATIENT			If this is a S	If this is a STAT order please provide contact telephone number:			
DOB YYYY MM DD SEX					Copy to PR	Copy to PRACTITIONER/MSP Practitioner Number:			
PRIMARY CONTACT NUMBER OF PATIENT SECONDARY CONTACT N		Pregnant?       YES       NO       Fasting?       h pc         NUMBER OF PATIENT       OTHER CONTACT NUMBER OF PATIENT			Copy to PRACTITIONER/MSP Practitioner Number:				
		OMERCONIACI NOMEROF PAIENT							
ADDRESS OF PATIENT			-	CITY/TOWN			PROVINCE	POSTAL CODE	
DIAGNOSIS			CURRENT MEDICATIONS/DATE AND T			OOSE			
HEM	URINE TESTS				CHEMISTRY				
				Glucose – fasting (see reverse for patient instructions)					
<ul> <li>Hematology profile</li> <li>INR</li> </ul>	Macroscopic $\rightarrow$ microscopic if dipstick positive			Glucose – random					
Ferritin (query iron deficiency	Macroscopic → urine culture if pyuria or nitrite present			GTT – gestational diabetes screen (50 g load, 1 hour post-load)					
, ,	Macroscopic (dipstick) Microscopic *			GTT – gestational diabetes confirmation (75 g load, fasting, 1 hour					
HFE - Hemochromatosis (check O Confirm diagnosis (ferritir	* Clinical information for microscopic required:			& 2 hour test)					
Sibling/parent is C282Y/C					GTT – non-gestational diabetes				
				Hemoglobin A1c					
MICROBIOLOGY	- LABEL ALL SPECIMENS WITH PATIEI	NT'S FIRST & LAST NAM	<mark>E, DOB, PH</mark>	N & SITE		in/creatinine i	ratio (ACR) - Urine		
ROUTINE CULTURE		HEPATITIS SEROLOG			LIPIDS				
On Antibiotics? 🗌 Yes 🗌 No Specify:		Acute viral hepatitis undefined etiology			one bo		virad for any of the	papals but clinician may	
Throat Sputum Blood Urine		Hepatitis A (anti-HAV lgM) Hepatitis B (HBsAg ± anti-HBc) Hepatitis C (anti-HCV)						panels but clinician may ours in select circumstances	
Superficial Wound, Site:							independent of laboratory		
	-				requirements.				
Deep Wound, Site:	Chronic viral hepatitis undefined etiology			📕 Full Lij	pid Profile - To	otal, HDL, non-HDL	, LDL cholesterol,		
Other:	Hepatitis B (HBsAg; anti-HBc; anti-HBs)			<ul> <li>&amp; triglycerides (Baseline or Follow-up of complex dyslipidemia)</li> <li>Follow-up Lipid Profile - Total, HDL &amp; non-HDL cholesterol only</li> <li>Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated)</li> </ul>					
VAGINITIS	Hepatitis C (anti-HCV) Investigation of hepatitis immune status Hepatitis A (anti-HAV, total) Hepatitis B (anti-HBs)								
Initial (smear for BV & yeast or Characteristic and the second									
Chronic/recurrent (smear, culture, trichomonas) Trichomonas testing									
				THYROID FUNCTION					
GROUP B STREP SCREEN (Pregna Vagino-anorectal swab				For other thyroid investigations, please order specific tests below and provide diagnosis.					
CHLAMYDIA (CT) & GONORRHE	Hepatitis marker(s) HBsAg			Monitor thyroid replacement therapy (TSH Only)					
Source/site: Urethra Ce	(For other hepatitis markers, please order specific test(s) below)			Suspected Hypothyroidism (TSH first, fT4 if indicated)					
🗌 Vagina 🗌 Th	HIV Serology				Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated)				
Other				OTHER CHEMISTRY TESTS					
GONORRHEA (GC) CULTURE	(patient has the legal right to choose not to have their name and address reported to public health = non-nominal reporting)			Sodium		Creatinine / e	eGFR		
Source/site: Cervix Ur	Non-nomin	-		Potassi		Calcium			
Other				Albumin Creatine kinase (CK)					
	OTHER TESTS – Standing Orders Include expiry & frequency				□ ALT cancer (MSP bilable) □ B12 □ PSA screening (self-pay)				
STOOL SPECIMENS History of bloody stools? Ye	ECG								
C.difficile testing Stool	FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program			Bilirubin					
Stool ova & parasite (high risk	FIT No copy to Colon Screening Program				□ GGT □ GGT □ β-HCG – quantitative				
DERMATOPHYTES									
Dermatophyte culture	This requisition is for FIT only.								
Specimen: Skin	For Lab Staff: If unable to accession the requisition due to incomplete or inaccurate								
Site:	patient or provider information, please direct the patient to contact the Colon								
MYCOLOGY									
Yeast Fungus	Screening Program for a new requisition 1-87			/-/02-05	000.				
		SIGNATURE OF PRACTITIONER					DATE SIG	NED	
DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR		1	ELEPHONE RE	QUISITION RE	CEIVED BY: (employ	/ee/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.