BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

Providence HEALTH CARE
How you want to be treated.

Drug Treatment Program

Outpatient Laboratory Requisition

Baseline

(To be given prior to first appointment)

Laboratory Medicine

Grey highlighted fields must be completed to avoid delays in specimen collection and patient processing

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

ORDERING PHYSICIAN, ADDRESS, MSP PRACTITIONER NUMBER

Bill to: ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER: _____

PHN NUMBER

ICBC/WorkSafeBC/RCMP NUMBER

SURNAME OF PATIENT

FIRST NAME OF PATIENT

LOCUM FOR PHYSICIAN:

MSP PRACTITIONER NUMBER:

DOB (YYYY MM DD)

SEX ☐ M ☐ F

Pregnant? ☐ YES ☐ NO Fasting? _____h pc

If this is a STAT order, please provide contact telephone number:

TELEPHONE NUMBER OF PATIENT

CHART NUMBER

Copy to Physician/Address/MSP Practitioner Number

ADDRESS OF PATIENT

CITY/TOWN

PROVINCE

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

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)

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)
- ☐ Pregnancy test

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

LIPIDS

✓ one box only. For other lipid investigations, please order specific tests below and provide diagnosis.

- ☐ Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, 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

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

- ☐ Suspected Hypothyroidism (TSH first +/-fT4)
- ☐ Suspected Hyperthyroidism (TSH first +/-fT4, +/-fT3)
- ☐ Monitor thyroid replacement therapy (TSH only)

OTHER CHEMISTRY TESTS

- ☐ Sodium ☐ Albumin ☐ Creatinine / eGFR
- ☐ Potassium ☐ Alk phos ☐ Calcium
- ☐ ALT ☐ Creatine kinase (CK)
- ☐ Bilirubin ☐ PSA - Known or suspected prostate cancer (MSP billable)
- ☐ GGT
- ☐ T. Protein ☐ PSA screening (self-pay)

MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site

ROUTINE CULTURE

List current antibiotics: _____

- ☐ Throat ☐ Sputum ☐ Blood ☐ Urine
- ☐ Superficial Wound ☐ 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: _____

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

(Patient has legal right to choose nominal or non-nominal reporting)

- ☐ Nominal reporting ☐ Non-nominal reporting

OTHER TESTS

Standing order requests - expiry & frequency must be indicated

- ☐ ECG
- ☐ Fecal Occult Blood (age 50 - 74 asymptomatic q2y) Copy to Colon Screening Program
- ☐ Fecal Occult Blood (Other Indicators)

SCr, HIV Antibody/Antigen EIA, RPR, Hep B Surface Antigen, Hep B Core Antibody, Hep B Surface Antibody, Hep A IgG Antibody, Hep C Antibody, Urinalysis, Urine ACR

SIGNATURE OF PHYSICIAN

DATE SIGNED

DATE OF COLLECTION | TIME OF COLLECTION | PHLEBOTOMIST | TELEPHONE REQUISITION RECEIVED BY (employee/date/time)

BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

Providence HEALTH CARE
How you want to be treated.

Drug Treatment Program

Outpatient Laboratory Requisition

One Month Followup
(After first prescription)

Laboratory Medicine

Grey highlighted fields must be completed to avoid delays in specimen collection and patient processing

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

ORDERING PHYSICIAN, ADDRESS, MSP PRACTITIONER NUMBER

Bill to: ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER: _____

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ICBC/WorkSafeBC/RCMP NUMBER

SURNAME OF PATIENT

FIRST NAME OF PATIENT

LOCUM FOR PHYSICIAN:

MSP PRACTITIONER NUMBER:

DOB (YYYY MM DD)

SEX ☐ M ☐ F

Pregnant? ☐ YES ☐ NO Fasting? _____h pc

If this is a STAT order, please provide contact telephone number:

TELEPHONE NUMBER OF PATIENT

CHART NUMBER

Copy to Physician/Address/MSP Practitioner Number

ADDRESS OF PATIENT

CITY/TOWN

PROVINCE

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

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)

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)
- ☐ Pregnancy test

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

LIPIDS

✓ one box only. For other lipid investigations, please order specific tests below and provide diagnosis.

- ☐ Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, 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

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

- ☐ Suspected Hypothyroidism (TSH first +/-fT4)
- ☐ Suspected Hyperthyroidism (TSH first +/-fT4, +/-fT3)
- ☐ Monitor thyroid replacement therapy (TSH only)

OTHER CHEMISTRY TESTS

- ☐ Sodium ☐ Albumin ☐ Creatinine / eGFR
- ☐ Potassium ☐ Alk phos ☐ Calcium
- ☐ ALT ☐ Creatine kinase (CK)
- ☐ Bilirubin ☐ PSA - Known or suspected prostate cancer (MSP billable)
- ☐ GGT
- ☐ T. Protein ☐ PSA screening (self-pay)

MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site

ROUTINE CULTURE

List current antibiotics: _____

- ☐ Throat ☐ Sputum ☐ Blood ☐ Urine
- ☐ Superficial Wound ☐ 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
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STOOL SPECIMENS

History of bloody stools? ☐ Yes

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- ☐ Stool ova & parasite exam
- ☐ Stool ova & parasite (high risk, 2 samples)

DERMATOPHYTES

- ☐ Dermatophyte culture ☐ KOH prep (direct exam)
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- ☐ Yeast ☐ Fungus Site: _____

HEPATITIS SEROLOGY

- ☐ **Acute viral hepatitis undefined etiology**
  Hepatitis A (anti-HAV IgM)
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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

(Patient has legal right to choose nominal or non-nominal reporting)

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OTHER TESTS

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- ☐ Fecal Occult Blood (Other Indicators)

SCr, HIV Antibody/Antigen EIA, Urinalysis, Urine ACR, Urine Gonorrhea, Chlamydia NAT

SIGNATURE OF PHYSICIAN

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BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

Providence HEALTH CARE
How you want to be treated.

Drug Treatment Program

Outpatient Laboratory Requisition

Regular Followup

Laboratory Medicine

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MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site

ROUTINE CULTURE

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Site: _____

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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

(Patient has legal right to choose nominal or non-nominal reporting)

- ☐ Nominal reporting ☐ Non-nominal reporting

OTHER TESTS

Standing order requests - expiry & frequency must be indicated

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- ☐ Fecal Occult Blood (Other Indicators)

SCr, HIV Antibody/Antigen EIA, RPR, Urinalysis, Urine ACR, Urine Gonorrhea, Chlamydia NAT
All q 3 months x 1 year

Hep C Antibody q x 1 year

SIGNATURE OF PHYSICIAN

DATE SIGNED

DATE OF COLLECTION | TIME OF COLLECTION | PHLEBOTOMIST | TELEPHONE REQUISITION RECEIVED BY (employee/date/time)