BRITISH Ministry of Health Yellow highlighted fields must be completed. For tests indicated with a blue tick both https://www2.gov.bc.ca/gov/content.	LABORAT		ORDERING PRACTITIONER: A	ADDRESS, PHONE, M	SP PRACTITIONER NUMBE
		ources, see galacimes			
	ATIENT OTHER:				
PERSONAL HEALTH NUMBER	ICBC/WorkSafeBC NUMBER		LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:		
LAST NAME OF PATIENT FIRST NAME OF PATIENT			If this is a STAT order please provide contact telephone number:		
BST WINE OF TAILETT	THO TWINE OF TAILER		in this is a sixt order preas	e provide contact te	ephone number.
DOB YYYY MM DD SEX			Copy to PRACTITIONER/MSP Practitioner Number:		
	Pregnant? YES NO Fasting? h pc				
PRIMARY CONTACT NUMBER OF PATIENT SECONDARY CONTACT	NUMBER OF PATIENT OTHER CO	NTACT NUMBER OF PATIENT	Copy to PRACTITIONER/MSP Practitioner Number:		
ADDRESS OF PATIENT	1	CITY/TOWN		PROVINCE	POSTAL CODE
DIAGNOSIS		CURRENT MEDICATIONS/DATE AND TH	ME OF LAST DOSE		
HEMATOLOGY	HEMATOLOGY URINE TESTS		CHEMISTRY		
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) MICROBIOLOGY — LABEL ALL SPECIMENS WITH PATE 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)	* Clinical information for microscopic required: * Part		GTT – gestational diabetes confirmation (75 g load, fasting, 1 hou & 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 circumstance [e.g. history of triglycerides > 4.5 mmol/L], independent of laborator 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 tests below and		
Vagino-anorectal swab			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 Sodium		

INSTRUCTIONS TO PATIENTS (See reverse)

Fungus

Site:

TIME OF COLLECTION

Other Instructions:

DATE OF COLLECTION

MYCOLOGY

Yeast

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.

SIGNATURE OF PRACTITIONER

COLLECTOR

DATE SIGNED

TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)