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

Bill to → [X] MSP [ ] ICBC [ ] WorkSafeBC [ ] PATIENT [ ] 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:

DOB YYYY MM DD | SEX | Pregnant? [X] YES [ ] NO | [ ] Fasting? _____ h pc | Copy to PRACTITIONER/MSP Practitioner Number:

PRIMARY CONTACT NUMBER OF PATIENT | SECONDARY CONTACT NUMBER OF PATIENT | OTHER CONTACT NUMBER OF PATIENT | Copy to PRACTITIONER/MSP Practitioner Number:

ADDRESS OF PATIENT | CITY/TOWN

Community Birth Program
201-15149 Hwy 10, Surrey, BC,V3S 9A5
Tel:604-575-7275 | Fax:604-574-7290

DIAGNOSIS

Prenatal labs,

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY

- [X] Hematology profile
- [ ] INR **PT-INR**
- [X] Ferritin (query iron deficiency)

On Anticoagulant? [ ] Yes [ ] No
Specify: _____

HFE - Hemochromatosis (check ONE box only)
- [ ] Confirm diagnosis (ferritin first, ± TS, ± DNA testing)
- [ ] Sibling/parent is C282Y/C282Y homozygote (DNA testing)

URINE TESTS

- [ ] Macroscopic → microscopic if dipstick positive
- [ ] Macroscopic → urine culture if pyuria or nitrite present
- [ ] Macroscopic (dipstick) [ ] Microscopic *

* Clinical information for microscopic required:

CHEMISTRY

- [ ] Glucose – fasting (see reverse for patient instructions)
- [X] 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
- [X] Hemoglobin A1c
- [ ] Albumin/creatinine ratio (ACR) - Urine

MICROBIOLOGY – LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, PHN & SITE

ROUTINE CULTURE

On Antibiotics? [ ] Yes [ ] No Specify: _____

[ ] Throat [ ] Sputum [ ] Blood [X] 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 [X] Urine [ ] Vagina [ ] Throat [ ] Rectum
Other _____

GONORRHEA (GC) CULTURE

Source/site: [ ] Cervix [ ] Urethra [ ] Throat [ ] Rectum
Other _____

STOOL SPECIMENS

History of bloody stools? [ ] Yes

- [ ] *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: _____

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)
- [X] HBsAg

(For other hepatitis markers, please order specific test(s) below)

- [X] **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

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 tests 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

- [ ] Sodium
- [ ] Potassium
- [ ] Albumin
- [ ] Alk phos
- [ ] ALT
- [ ] B 12
- [ ] Bilirubin
- [ ] GGT
- [ ] T. Protein
- [ ] Creatinine / eGFR
- [ ] Calcium
- [ ] Creatine kinase (CK)
- [ ] PSA – Known or suspected prostate cancer (MSP billable)
- [ ] PSA screening (self-pay)
- [ ] Pregnancy test
- [ ] B-HCG – quantitative

Canadian Blood Service Perinatal Screen, Rubella IgG, Syphilis screen, Varicella, anti-HepC antibody, creatinine/eGFR, urine albumin/creatine ratio, Hemoglobin electrophoresis, TSH

SIGNATURE OF PRACTITIONER | DATE SIGNED

"Electronically signed"

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

INSTRUCTIONS TO PATIENTS (See reverse)

No fasting required,

HLTH 1901 2018/05/30