

This requisition form, when completed for tests performed by BC Biomedical Laboratories, is a medical referral to the laboratory physicians of BC Biomedical Laboratories.

Yellow highlighted fields must be completed to avoid delays in specimen collection and patient processing.		For tests indicated with a blue tick box <input type="checkbox"/> , consult provincial guidelines and protocols (www.BCGuidelines.ca).		ORDERING PHYSICIAN, ADDRESS, MSP PRACTITIONER NUMBER	
Bill to: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER: _____				LOCUM FOR PHYSICIAN:	
PHN NUMBER		ICBC/WorkSafeBC/RCMP NUMBER			
SURNAME OF PATIENT		FIRST NAME OF PATIENT			
DOB YYYY MM DD <input type="checkbox"/> M <input type="checkbox"/> F		SEX Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Fasting? _____ h pc		MSP PRACTITIONER NUMBER:	
TELEPHONE NUMBER OF PATIENT		CHART NUMBER		If this is a STAT order please provide contact telephone number:	
ADDRESS OF PATIENT				CITY/TOWN PROVINCE	
DIAGNOSIS			CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE		
PATIENT TEST INSTRUCTIONS - SEE REVERSE					
HEMATOLOGY		URINE TESTS		CHEMISTRY	
<input type="checkbox"/> Hematology profile <input type="checkbox"/> PT-INR <input type="checkbox"/> On warfarin? <input type="checkbox"/> Ferritin (query iron deficiency) HFE - Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (ferritin first, ± TS, ± DNA testing) <input type="checkbox"/> Sibling/parent is C282Y/C282Y homozygote (DNA testing)		<input type="checkbox"/> Urine culture - list current antibiotics: <hr/> <input type="checkbox"/> Macroscopic → microscopic if dipstick positive <input type="checkbox"/> Macroscopic → urine culture if pyuria or nitrite present <input type="checkbox"/> Macroscopic (dipstick) <input type="checkbox"/> Microscopic <input type="checkbox"/> Special case (if ordered together)		<input type="checkbox"/> Glucose - Fasting (see reverse for patient instructions) <input type="checkbox"/> GTT - gestational diabetes screen (50 g load, 1 hour post-load) <input type="checkbox"/> GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - urine	
MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site					
ROUTINE CULTURE List current antibiotics: _____ <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Wound Site: _____ <input type="checkbox"/> Other: _____		HEPATITIS SEROLOGY <input type="checkbox"/> Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg ± anti-HBc) Hepatitis C (anti-HCV) <input type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg; anti-HBc; anti-HBs) Hepatitis C (anti-HCV) Investigation of hepatitis immune status <input type="checkbox"/> Hepatitis A (anti-HAV, total) <input type="checkbox"/> Hepatitis B (anti-HBs) Hepatitis marker(s) <input type="checkbox"/> HBsAg (For other hepatitis markers, please order specific test(s) below) <input type="checkbox"/> HIV SEROLOGY (Patient has the legal right to choose not to have their name and address reported to public health = non-nominal reporting) <input type="checkbox"/> Non-nominal reporting		<input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL, non-HDL & LDL Cholesterol, Triglycerides, fasting) <input type="checkbox"/> Follow-up treated hypercholesterolemia: (Total, HDL & non-HDL Cholesterol, fasting not required) <input type="checkbox"/> Follow-up treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> Self-pay lipid profile (non-MSP billable, fasting)	
VAGINITIS <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, Trichomonas) <input type="checkbox"/> Trichomonas testing GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy		CHLAMYDIA (CT) & GONORRHEA (GC) <input type="checkbox"/> CT & GC testing Source/site: <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> GC culture: <input type="checkbox"/> Throat <input type="checkbox"/> Rectal <input type="checkbox"/> Other: _____		THYROID FUNCTION For other thyroid investigations, please order specific tests below and provide diagnosis. <input type="checkbox"/> Monitor thyroid replacement therapy (TSH only) <input type="checkbox"/> Suspected Hypothyroidism (TSH first ± fT4) <input type="checkbox"/> Suspected Hyperthyroidism (TSH first, ± fT4, ± fT3)	
STOOL SPECIMENS History of bloody stools? <input type="checkbox"/> Yes <input type="checkbox"/> C. difficile testing <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool ova & parasite exam <input type="checkbox"/> Stool ova & parasite (high risk, 2 samples)		DERMATOPHYTES <input type="checkbox"/> Dermatophyte culture <input type="checkbox"/> KOH prep (direct exam) Specimen: <input type="checkbox"/> Skin <input type="checkbox"/> Nail <input type="checkbox"/> Hair Site: _____		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"/> Bilirubin <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> GGT <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> T. Protein	
OTHER TESTS					
Standing Orders Include expiry & frequency		<input type="checkbox"/> ECG <input type="checkbox"/> Fecal occult blood (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> Fecal Occult Blood (Other indications)			
SIGNATURE OF PHYSICIAN				DATE SIGNED	
DATE OF COLLECTION		TIME OF COLLECTION		PHLEBOTOMIST	
				TELEPHONE REQUISITION RECEIVED BY (employee/date/time)	

PATIENT SERVICE CENTRES

PHONE

*HOURS OF OPERATION

ABBOTSFORD

		MON - FRI	SATURDAY	SUNDAY
103 - 2151 McCallum Rd ¹	604-853-6371	6:30 - 5:30	7:00 - 12:00	7:00 - 12:00
207 - 2825 Clearbrook Rd	604-852-9026	7:00 - 3:00	Closed Sat	Closed Sun
201 - 32475 Simon Ave	604-855-0108	7:00 - 5:00	7:00 - 12:00	7:00 - 12:00

AGASSIZ

1 - 7069 Cheam Ave	604-796-8523	7:00 - 1:30	Closed Sat	Closed Sun
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ALDERGROVE

27127 Fraser Hwy	604-856-0322	7:00 - 3:30	Closed Sat	Closed Sun
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BURNABY

201 - 4980 Kingsway ¹ (at Nelson & Bennett)	604-433-6511	6:30 - 6:00	7:00 - 2:00	7:00 - 12:00
104 - 7885 - 6th St (Burnaby Square)	604-526-0205	7:30 - 4:00	Closed Sat	Closed Sun
203 - 6542 E. Hastings St (Kensington Sq)	604-294-6686	7:30 - 4:00	7:00 - 12:00	Closed Sun
103 - 4012 E. Hastings St (Norburn)	604-294-5005	7:30 - 4:00	7:00 - 12:00	Closed Sun

CHILLIWACK

608 - 8236 Eagle Landing Parkway ¹	604-792-4607	6:30 - 5:00	7:00 - 12:00	Closed Sun
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COQUITLAM

Suite R - 435 North Rd (Cariboo Centre)	604-939-7362	8:00 - 4:30	7:00 - 12:00	7:00 - 12:00
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DELTA

201 - 8425 - 120th St ¹	604-591-3304	6:30 - 6:00	7:00 - 2:00	7:00 - 12:00
122 - 6345 - 120th St	604-597-7884	7:30 - 4:00	7:00 - 12:00	Closed Sun

LANGLEY

209 - 5503 - 206th St ¹ (Douglas Crescent)	604-534-8671	6:30 - 5:30	7:00 - 12:00	Closed Sun
105 - 20103 - 40th Ave (Brookwood)	604-533-1617	7:00 - 3:30	Closed Sat	Closed Sun
102B - 20999 - 88th Ave ¹ (Walnut Grove)	604-882-0426	7:00 - 5:00	7:00 - 12:00	Closed Sun
130 - 19653 Willowbrook Drive ¹	604-534-8667	7:00 - 3:30	7:00 - 12:00	7:00 - 12:00

MAPLE RIDGE

101 - 11743 - 224th St ¹	604-467-5141	6:30 - 5:00	7:00 - 12:00	Closed Sun
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MISSION

103 - 7343 Hurd St ¹	604-826-7197	7:30 - 4:00	Closed Sat	Closed Sun
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NEW WESTMINSTER

508 - 625 - 5th Ave ¹	604-526-2831	6:30 - 5:00	7:00 - 2:00	Closed Sun
227 Nelson's Cres (Sapperton, behind Thrifty's)	604-522-8941	8:00 - 4:00	Closed Sat	Closed Sun

PITT MEADOWS

102 - 12195 Harris Rd	604-465-7873	8:00 - 4:00	Closed Sat	Closed Sun
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PORT COQUITLAM

115 - 1465 Salisbury Ave	604-941-4313	8:00 - 4:00	Closed Sat	Closed Sun
7 - 2185 Wilson Ave ¹	604-944-7754	6:30 - 5:00	7:00 - 12:00	7:00 - 12:00

RICHMOND

1150 - 4151 Hazelbridge Way ¹ (Aberdeen Centre)	604-232-5585	7:30 - 3:30	7:00 - 12:00	Closed Sun
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SURREY

101 - 9656 King George Blvd ¹	604-588-3494	6:30 - 5:30	7:00 - 12:00	Closed Sun
19 - 15300 - 105th Ave (Guildford)	604-581-5711	6:30 - 5:00	7:00 - 12:00	Closed Sun
124 - 13745 - 72nd Ave (Newton)	604-591-8618	6:30 - 5:00	7:00 - 2:00	7:00 - 12:00
101 - 10166 King George Blvd	604-589-2226	7:30 - 3:30	Closed Sat	Closed Sun
112 - 15252 - 32nd Ave (Morgan Creek)	604-531-7737	7:30 - 4:00	7:00 - 12:00	Closed Sun
204 - 9014 152nd St (Fleetwood)	604-583-4265	6:30 - 5:00	7:00 - 2:00	7:00 - 12:00
202 - 16088 - 84th Ave ¹	604-572-4359	7:30 - 4:00	Closed Sat	Closed Sun

VANCOUVER

306 - 1750 E. 10th Ave ¹	604-873-2651	7:00 - 5:00	7:00 - 12:00	Closed Sun
2736 E. Hastings St	604-253-1914	7:30 - 4:00	Closed Sat	Closed Sun
972 W. King Edward Ave	604-263-4912	7:30 - 3:30	Closed Sat	Closed Sun
136 Davie St (Yaletown)	604-687-4334	7:00 - 3:30	Closed Sat	Closed Sun
206 - 1160 Burrard St	604-689-1012	7:00 - 5:00	Closed Sat	Closed Sun
33 - 5740 Cambie St ¹ (at 41st Ave, Lower Level)	604-327-2033	7:30 - 4:00	7:00 - 12:00	Closed Sun

WHITE ROCK / SOUTH SURREY

120 - 15321 - 16th Ave ¹ (Peace Arch Prof Bldg)	604-531-0737	7:00 - 5:00	7:00 - 12:00	Closed Sun
112 - 15252 - 32nd Ave (Morgan Creek)	604-531-7737	7:30 - 4:00	7:00 - 12:00	Closed Sun

¹ 24-hour Ambulatory Holter Monitoring Available

* Hours of operation are subject to change.

For the most current hours, visit our website at www.bcbio.com or call 604-507-5070.

**YOU WILL BE ASKED TO PRESENT
YOUR CARE CARD AT EACH VISIT**

TESTS REQUIRING APPOINTMENTS

Glucose Tolerance Tests (GTT)

Appointment required: Please call the specific location you would like to visit to arrange a time.

GTT - Gestational confirmation & GTT - non-pregnant

- 2 hour testing period.
- No food or drink except water for 8 hours before test.

GTT - Gestational screen

- 1 hour testing period.
- No fasting required.

24 Hour Ambulatory Holter Monitoring, Semen Analysis & Coagulation Factor Assays

Appointment required: Please call our Client Information Centre **Monday - Friday only between 9 AM - 5 PM** at 604-507-5070 or Toll Free at 1-877-507-5595 to arrange a time and location.

Only available at certain Patient Service Centres.

Detailed Semen Analysis and Holter Monitor instructions available at Patient Service Centres or on our website at www.bcbio.com

PATIENT TEST INSTRUCTIONS

LDL Cholesterol, Triglycerides

- No food or drink except water for 10 hours before test.

Fasting Glucose

- No food or drink except water for 8 hours before test.

Testosterone

- For accurate test results please arrive within 3 hours of awakening.

NOTE: This does not apply to patients under age 14 or patients with a BC Cancer Agency Form.

Therapeutic Drug Monitoring

- Blood usually taken just prior to next dose.

Digoxin

- Blood collected at least 6 hours after last dose, or just prior to next dose.

Lithium

- Therapeutic range based on blood collection at 12 hours after last dose.

Cortisol

- For accurate test results for morning (AM) cortisol please arrive within 3 hours of awakening.
- For a morning (AM) and afternoon (PM) cortisol, tests should be performed on the same day.

H Pylori Breath Test

- 40 minute testing period.
- No food or drink except water for 4 hours before test.

For additional test instructions, please visit our website at www.bcbio.com or call 604-507-5070 or Toll Free 1-877-507-5595.

Mobile Laboratory Service is available at the request of a physician.