VALLEY MEDICAL LABORATORIES
OKANAGAN CLINICAL LABORATORIES

www.valleymedicallaboratories.com

(2015-01-28)

No Appointment Necessary
PLEASE PRESENT YOUR MEDICAL CARD
****Please see reverse for locations and test instructions.****

LAB
DEMO
LABEL

Highlighted fields (yellow shading) must be completed to avoid delays in specimen collection and processing.

For tests indicated with an asterix * consult provincial guidelines and protocols, at www.BCGuidelines.ca.

BILL TO ➔ ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER: _____

PHN NUMBER | ICBC / WorkSafe BC

ORDERING PHYSICIAN: NAME, ADDRESS, MSP PRACTITIONER NUMBER

PATIENT SURNAME | FIRST NAME | INITIAL

STREET ADDRESS: | TELEPHONE:

CITY / TOWN: | POSTAL CODE:

DOB: YYYY MM DD | SEX ☐ M ☐ F | PREGNANT? ☐ YES ☐ NO | PHYSICIAN'S CHART

Locum for physician / MSP Practitioner Number:

Copy to physician / MSP Practioner Number:

DIAGNOSIS / CLINICAL INFORMATION (JUSTIFICATION IF GUIDELINE & PROTOCOL IMPACT)

CURRENT MEDICATIONS:

HEMATOLOGY

☑ Hematology profile
☐ PT-INR ☐ On warfarin?
☐ Ferritin (query iron deficiency)

Hemochromatosis (✓ ONE box only)
☐ * Screen (Ferritin first, ± Transferrin Saturation)
☐ * DNA testing (Requires positive screen or that sibling/parent is C282Y/C282Y homozygote. Also requires completed Molecular Gentetics Laboratory Requisition.)

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 (Justification required if ordered together)

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

LIPIDS

Tick 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 (ApoB only, fasting not required)
☐ * Follow-up of treated hypercholesterolemia (Total, HDL and non-HDL Cholesterol, fasting not required)
☐ * Self-pay lipid profile (non-MSP billable)

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)
☐ * Suspected Hyperthyroidism (TSH first, ± fT4, ± fT3)

OTHER CHEMISTRY TESTS

☐ Sodium
☐ Potassium
☐ Albumin
☐ Alk phos
☑ ALT
☑ Bilirubin
☐ GGT
☐ T. Protein
☑ Creatinine / eGFR
☐ Calcium
☐ Creatine kinase (CK)
☐ PSA – Known or suspected prostate cancer
☐ PSA screening (self-pay)
☐ Pregnancy test ☐ Serum ☐ Urine

MICROBIOLOGY – label all specimens with patients first & last name, DOB, PHN, & site

ROUTINE CULTURE

(Send joint or other body fluids directly to a hospital laboratory.)

Current antibiotics: _____

☐ Throat ☐ Sputum ☐ Urine
☐ Superficial Wound, Site: _____
☐ Deep Wound, Site: _____
☐ Other: _____

VAGINITIS

☐ Initial (Smear for BV & yeast only) (Requires 1 swab)
☐ Chronic/recurrent (smear, culture, trichomonas) (Requires 2 swabs)
☐ Trichomonas testing (Requires 1 swab, 2 if also doing "Initial")

GROUP B STREP SCREEN (Pregnancy only)

☐ Vagino-anorectal swab ☐ Penicillin allergy

CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT

Source/site: ☐ Vagina or Cervix ☑ Urine

GONORRHEA (GC) CULTURE

Source/site: ☐ Cervix ☐ Urethra ☐ 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 (be specific): _____

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 the legal right to choose not to have their name and address reported to public health = non-nominal reporting)
☐ Non-nominal reporting

OTHER TESTS (please print legibly)

AST, Syphilis serology

☐ * Fecal Occult Blood (Age 50–75 q2y) Copy to Colon Screening Program
☐ Fecal Occult Blood (Other indications)

Standing order requests (expiry & frequency must be indicated)

SIGNATURE OF PHYSICIAN | DATE SIGNED

HOURS FASTING RX: | DATE AND TIME OF LAST DOSE | PHLEBOTOMIST | TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)

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KELOWNA – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
DOWNTOWN	Suite 105 - 537 Leon Avenue Kelowna, B.C V1Y 6J5	763-4813	862-2843	MON.-FRI. 8:00 AM - 5:00 PM
MISSION	Suite 2 - 616 KLO Road Kelowna, B.C V1Y 4X4	868-3965	868-3974	MON.-FRI. 8:00 AM - 4:30 PM
RUTLAND	Plaza 33 Mall #32 - 301 Hwy 33 W Kelowna, B.C V1X 1X8	765-8822	765-4994	MON.-FRI. 8:00 AM - 4:30 PM
WEST KELOWNA	2427 Main Street West Kelowna, B.C V4T 2H8	768-1778	707-5167	MON.-FRI. 8:00 AM - 4:30 PM
WINFIELD	9966 Pollard Road Winfield, B.C. V4V 1Z4	766-4443	766-4467	MON.-FRI. 8:30 AM - 4:30 PM
NORTH GLENMORE	#122 - 1940 Kane Road Kelowna, B.C V1V 2J9	762-2709	868-2581	MON.-FRI. 7:30 AM - 5:00 PM
SPRINGFIELD	1111 Springfield Road Kelowna, B.C V1Y 8R7 Group One Medical	762-5011	762-5020	MON.-FRI. 8:00 AM - 4:30 PM

VERNON – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
VALLEY LAB VERNON	#101 - 3207 30th Avenue Vernon, B.C. V1T 2C6	549-1207	549-1259	MON.-FRI. 8:00 AM - 4:30 PM
VERNON NORTH RAILWAY PLAZA	#106 - 4710 31st Street Vernon, B.C. V1T 5J9	503-1914	503-1924	MON.-FRI. 7:30 AM - 4:00 PM
LUMBY HEALTH UNIT	2135 Norris Lumby, B.C. V0E 2G0			TUES. 8:00-10:00 AM THUR. 12:30-2:30 PM

PENTICTON – OKANAGAN CLINICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
ELLIS STREET LAB	Suite 302 383 Ellis Street Penticton, B.C. V2A 4L9	493-0715	493-2714	MON.-FRI. 8:00 AM - 4:30 PM
SOMERSET PLAZA LAB	Suite 108 2504 Skaha Lake Road Penticton, B.C. V2A 6G1	493-7522	492-2850	MON.-FRI. 7:30 AM - 4:00 PM

OSOYOOS – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
OSOYOOS	#2 - 9150 Main Street Osoyoos, B.C V0H 1V2	495-2677	495-2585	MON.-FRI. 8:00 AM - 4:30 PM

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PATIENT INSTRUCTIONS

PLEASE PRESENT YOUR CARE CARD WITH THIS FORM.

GLUCOSE FASTING	Nothing to eat (including gum and candy) or drink (water is allowed) for 8 hours prior to blood collection.
CHOLESTEROL/ TRIGLYCERIDE/HDL	Fasting is only necessary if required by your doctor.
G.T.T. - 75g DRINK (PREGNANT)	Test ordered as a follow-up to a positive 50g screen. The patient should follow a normal diet prior to testing being performed. Nothing to eat (including gum and candy) and nothing to drink (water is allowed) for 10 hours prior to blood collection. The patient is required to remain in the lab for the duration of the test.
2 HOUR PC REGULAR MEAL GLUCOSE	Blood is collected exactly two hours after beginning a normal meal. The patient cannot eat or drink (except water) between the meal and the collection of the blood sample.
2 HOUR PC 75g DRINK GLUCOSE	Nothing to eat (including gum and candy) or drink (water is allowed) for 10 hours prior to blood collection. Patient is given a 75g glucose drink. The blood is collected exactly two hours later. The patient cannot eat or drink (except for water) between the glucose drink and the blood collection. The patient is required to remain in the lab for the duration of the test.
1 HOUR 50g DRINK (PREGNANCY SCREEN)	Blood is collected exactly one hour after glucose drink is consumed. The patient is required to remain in the lab for the duration of the test.
PREGNANCY TESTING (URINE)	First morning specimen is preferred. Please refrigerate specimen. Deliver to the laboratory as soon as possible.
PHENYTOIN THEOPHYLLINE	Consult with your doctor to determine at what time blood should be collected.
DIGOXIN **LITHIUM**	Blood should be collected **at least 6 hours** after last dose of medication. Blood should be collected just prior to taking regular dose of medication.
STOOL FOR C & S, O & P AND OCCULT BLOOD	Collection containers and instructions can be obtained from the lab. **Note:** After a barium X-ray, please wait at least one week before collection.
24 HOUR URINE	Collection containers and instructions can be obtained from the lab.