

# VALLEY MEDICAL LABORATORIES OKANAGAN CLINICAL LABORATORIES

# Naturopathic Doctor Requisition

LAB  
DEMO  
LABEL

Highlighted Fields (white text on grey background) must be completed to avoid delays in specimen collection and processing.



(For Lab use only)  
(ND Req 2015-09-15)

**BILL TO: OTH**

**Ordering Naturopath:  
Name, Address**

Patient Surname	First Name	Initial

**Copy To: (Name, Address)**

PHN: (for identification purposes)	DOB: YYYY MM DD	SEX
		<input type="checkbox"/> M <input type="checkbox"/> F

Street Address:	PREGNANT? <input type="checkbox"/> Y <input type="checkbox"/> N
City / Town:	
Postal Code: Telephone:	

Please indicate the tests required with a tick mark (✓) in either the "Once" or "S/O" (Standing Order) column.  
If placing a standing order, please use the 3rd column to indicate the frequency of testing, and duration, e.g. Monthly for 6 months.  
Tests marked with and asterisk (\*) are limited to certain locations and times. Please refer to "TESTS WITH SPECIAL REQUIREMENTS" at valleymedicallaboratories.com

Once	S/O	S/O details		
		ND PANEL 1 (Basic Chemistry)	Albumin, ALP, ALT, AST, Bicarbonate, Bilirubin total & direct, Calcium, Chloride, Creatinine, Ferritin, GGT, Glucose, LDH, Lipid Panel (Cholesterol, HDL, LDL, TC/HDL, Triglyceride) Phosphate, Potassium, Sodium, TSH, Urea, Uric acid	12 hour fast recommended
		ND PANEL 2 (CBC, Urinalysis)	CBC & Differential Urinalysis - Macro	
		ND LIPID PANEL	Cholesterol, HDL, LDL, TC/HDL, Triglyceride	12 hour fast recommended
		ND THYROID PANEL	anti-TPO, Free T3, Free T4, TSH	

Once	S/O	S/O details	BLOOD TESTS
			ALBUMIN
			ALP
			ALT
			anti-TPO
			AST
			ANA
			Apo-B
			BICARBONATE
			BILIRUBIN, TOTAL
			BILIRUBIN, DIRECT
			CALCIUM
			CBC (WITH DIFFERENTIAL)
			CHLORIDE
			CK
			CREATININE (eGFR)
			CRP
			ESR
			FERRITIN
			GLUCOSE - FASTING (8 hour fast required)
			GGT
			HBA1C
			HOMOCYSTEINE
			IRON / TIBC / SATURATION
			LDH
			LIPASE
			MAGNESIUM
			PHOSPHATE
			POTASSIUM
			PROTEIN ELECTROPHORESIS
			PROTEIN - TOTAL, SERUM

Once	S/O	S/O details	BLOOD TESTS
			PSA
			RETICULOCYTE COUNT
			RHEUMATOID FACTOR
			SODIUM
			TTG (TISSUE TRANSGLUTAMINASE)
			UREA (BUN)
			URIC ACID
			VITAMIN B12
			VITAMIN D (25-OH)

HORMONES			
Once	S/O	S/O details	BLOOD TESTS
			CORTISOL
			DHEAS
			ESTRADIOL
			FSH
			LH
			GROWTH HORMONE
			TSH
			FREE T3
			FREE T4
			anti-TPO
			Thyroglobin Antibodies
			PROGESTERONE
			PROLACTIN
			PTH
			TESTOSTERONE - TOTAL
			BIOAVAILABLE TESTOSTERONE (Total and free testosterone, SHBG)
			Beta HCG: Screen
			Beta HCG: Quantitative

SAMPLES FROM SITES OTHER THAN BLOOD (No S/O's please)	
	TETRAHYDROCANNABINOIDS (Urine)
	THROAT CULTURE
	SEMEN ANALYSIS*
	SEMEN ANALYSIS POST-VASECTOMY*
	URINALYSIS - MACROSCOPIC
	URINALYSIS - MICROSCOPIC
	URINE C&S
	URINE MICROALBUMIN
	PINWORM EXAM
VAGINITIS	
	INITIAL (Smear for BV and yeast only.) (Submit one swab)
	CHRONIC/RECURRENT (smear, culture, trichomonas) (Submit two swabs)
	TRICHOMONAS TESTING (Submit one swab, 2 if also doing "Initial")

**OTHER REQUESTS:**

# VALLEY MEDICAL LABORATORIES

# OKANAGAN CLINICAL LABORATORIES

## KELOWNA – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
<b>DOWNTOWN</b>	Suite 105 - 537 Leon Avenue Kelowna, B.C V1Y 6J5	763-4813	862-2843	MON.-FRI. 8:00 AM - 5:00 PM
<b>MISSION</b>	Suite 2 - 616 KLO Road Kelowna, B.C V1Y 4X4	868-3965	868-3974	MON.-FRI. 8:00 AM - 4:30 PM
<b>RUTLAND</b>	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
<b>WEST KELOWNA</b>	2427 Main Street West Kelowna, B.C V4T 2H8	768-1778	707-5167	MON.-FRI. 8:00 AM - 4:30 PM
<b>WINFIELD</b>	9966 Pollard Road Winfield, B.C. V4V 1Z4	766-4443	766-4467	MON.-FRI. 8:30 AM - 4:30 PM
<b>GLENMORE</b>	1605 Gordon Drive Kelowna, B.C V1Y 3G8	762-2709	868-2581	MON.-FRI. 8:30 AM - 5:00 PM
<b>SPRINGFIELD</b>	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
<b>VALLEY LAB VERNON</b>	#101 - 3207 30th Avenue Vernon, B.C. V1T 2C6	549-1207	549-1259	MON.-FRI. 8:00 AM - 4:30 PM
<b>VERNON NORTH RAILWAY PLAZA</b>	#106 - 4710 31st Street Vernon, B.C. V1T 5J9	503-1914	503-1924	MON.-FRI. 7:30 AM - 4:00 PM
<b>LUMBY HEALTH UNIT</b>	2135 Norris Lumby, B.C. V0E 2G0			EVERY TUES. 8:00 - 10:00 AM

## PENTICTON – OKANAGAN CLINICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
<b>ELLIS STREET LAB</b>	Suite 302 383 Ellis Street Penticton, B.C. V2A 4L9	493-0715	493-2714	MON.-FRI. 8:00 AM - 4:30 PM
<b>SOMERSET PLAZA LAB</b>	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
<b>OSOYOOS</b>	#2 - 9150 Main Street Osoyoos, B.C V0H 1V2	495-2677	495-2585	MON.-FRI. 8:00 AM - 4:30 PM

[www.valleymedicallaboratories.com](http://www.valleymedicallaboratories.com)

## 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.