

# VALLEY MEDICAL LABORATORIES OKANAGAN CLINICAL LABORATORIES

www.valleymedicallaboratories.com

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



LAB DEMO LABEL	<b>Highlighted fields (yellow shading) must be completed.</b>	
BILL TO → <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> PATIENT <input type="checkbox"/> 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	PHYSICIAN'S CHART
	<input type="checkbox"/> M <input type="checkbox"/> F	PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
Locum for physician / MSP Practitioner Number:	DIAGNOSIS / CLINICAL INFORMATION	
Copy to physician / MSP Practitioner Number:	CURRENT MEDICATIONS:	

**This modified requisition is intended only for initial laboratory investigation after a positive HIV screen. Please note that the attached Centre for Excellence requisitions (Genotype and HLA) must also be completed.**

We have created this requisition on the recommendation of an Interior Health Medical Health Officer. It is in keeping with recommendations of the BC Centre for Excellence in HIV / AIDS. If you require additional tests, please also complete a standard laboratory requisition.

HEMATOLOGY	URINE TESTS	CHEMISTRY
<input checked="" type="checkbox"/> Hematology profile <input checked="" type="checkbox"/> PT-INR <input type="checkbox"/> On warfarin?	<input checked="" type="checkbox"/> Macroscopic → microscopic if dipstick positive	<input checked="" type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine <input checked="" type="checkbox"/> Creatinine / eGFR <input checked="" type="checkbox"/> Sodium <input checked="" type="checkbox"/> Potassium <input checked="" type="checkbox"/> Albumin <input checked="" type="checkbox"/> Alk phos <input checked="" type="checkbox"/> ALT <input checked="" type="checkbox"/> Bilirubin <input checked="" type="checkbox"/> GGT
<b>MICROBIOLOGY – label all specimens with patients first &amp; last name, DOB, PHN, &amp; site</b> <input checked="" type="checkbox"/> <b>CHLAMYDIA (CT) &amp; GONORRHEA (GC) by NAAT</b> Source/site: <input type="checkbox"/> Cervix <input type="checkbox"/> Urine	<b>HEPATITIS SEROLOGY</b> <input checked="" type="checkbox"/> <b>Acute viral hepatitis undefined etiology</b> Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg, ± anti-HBc) Hepatitis C (anti-HCV) <input checked="" type="checkbox"/> <b>Chronic viral hepatitis undefined etiology</b> Hepatitis B (HBsAg, anti-HBc, anti-HBs) Hepatitis C (anti-HCV)	<b>OTHER TESTS</b> HIV plasma viral load CD4/CD8 cell counts and percentage HLA B5701 (Cfe HIV/AIDS requisition included) HIV Genotype (Cfe HIV/AIDS requisition included) Syphilis RPR Hepatitis C qualitative PCR Toxoplasma IgG AST, LDH, Amylase, Chloride, Bicarbonate, BUN
SIGNATURE OF PHYSICIAN		DATE SIGNED
HOURS FASTING RX:	DATE AND TIME OF LAST DOSE	PHLEBOTOMIST
TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)		

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. This 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.

HLTH 1901 2011/06

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## 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 AT CAPRI MALL</b>	#114 - 1835 Gordon Drive Kelowna, B.C V1Y 3H4	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

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## PATIENT INSTRUCTIONS

**PLEASE PRESENT YOUR CARE CARD WITH THIS FORM.**

<b>GLUCOSE FASTING</b>	Nothing to eat (including gum and candy) or drink (water is allowed) for 8 hours prior to blood collection.
<b>CHOLESTEROL/ TRIGLYCERIDE/HDL</b>	Fasting is only necessary if required by your doctor.
<b>G.T.T. - 75g DRINK (PREGNANT)</b>	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.
<b>2 HOUR PC REGULAR MEAL GLUCOSE</b>	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.
<b>2 HOUR PC 75g DRINK GLUCOSE</b>	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.
<b>1 HOUR 50g DRINK (PREGNANCY SCREEN)</b>	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.
<b>PREGNANCY TESTING (URINE)</b>	First morning specimen is preferred. Please refrigerate specimen. Deliver to the laboratory as soon as possible.
<b>PHENYTOIN THEOPHYLLINE</b>	Consult with your doctor to determine at what time blood should be collected.
<b>DIGOXIN LITHIUM</b>	Blood should be collected <b>at least 6 hours</b> after last dose of medication. Blood should be collected just prior to taking regular dose of medication.
<b>STOOL FOR C &amp; S, O &amp; P AND OCCULT BLOOD</b>	Collection containers and instructions can be obtained from the lab. <b>Note:</b> After a barium X-ray, please wait at least one week before collection.
<b>24 HOUR URINE</b>	Collection containers and instructions can be obtained from the lab.