

VALLEY MEDICAL LABORATORIES OKANAGAN CLINICAL LABORATORIES

www.valleymedicallaboratories.com

(2017-12)

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



CLICK TO RESET FORM	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.	
DEMO LABEL	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: YYY Y MM DD	SEX: <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 (JUSTIFICATION IF GUIDELINE & PROTOCOL IMPACT)	
Copy to physician / MSP Practitioner Number:	CURRENT MEDICATIONS:	

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) Hemochromatosis (✓ ONE box only) <input type="checkbox"/> * Screen (Ferritin first, ± Transferrin Saturation) <input type="checkbox"/> * DNA testing (Requires positive screen or that sibling/parent is confirmed to be homozygous for C282Y/C282Y. Please provide indication in "DIAGNOSIS / CLINICAL INFORMATION" section.)	<input type="checkbox"/> * Urine culture – list current antibiotics: _____ <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"/> Special case <input type="checkbox"/> * Microscopic (Justification required if ordered together)	<input type="checkbox"/> Glucose – fasting (see reverse for patient instructions) <input type="checkbox"/> Glucose _____ hours post meal <input type="checkbox"/> GTT – gestational diabetes screen (50 g load; 1 hour test) <input type="checkbox"/> GTT – gestational diabetes confirmation (75 g load; fasting, 1, 2 hour tests) <input type="checkbox"/> GTT - non-pregnant (75 g load; 2 hour test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - 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: _____ <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Urine <input type="checkbox"/> Superficial Wound, Site: _____ <input type="checkbox"/> Deep Wound, Site: _____ <input type="checkbox"/> Other: _____ VAGINITIS <input type="checkbox"/> Initial (Smear for BV & yeast only) (Requires 1 swab) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) (Requires 2 swabs) <input type="checkbox"/> Trichomonas testing (Requires 1 swab, 2 if also doing "Initial") GROUP B STREP SCREEN (Pregnancy only) <input type="checkbox"/> Vagino-anorectal swab <input type="checkbox"/> Penicillin allergy CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT Source/site: <input type="checkbox"/> Vagina <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Urethra GONORRHEA (GC) CULTURE Source/site: <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Throat <input type="checkbox"/> Rectal <input type="checkbox"/> Other: _____ 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 (be specific): _____ MYCOLOGY <input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	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	LIPIDS Tick one box only. For other lipid investigations, please order specific tests below and provide diagnosis. <input type="checkbox"/> * Baseline cardiovascular risk assessment or follow-up (Lipid Profile: Total, HDL, LDL Cholesterol, Triglycerides, fasting) <input type="checkbox"/> * Follow-up of treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> * Follow-up of treated hypercholesterolemia (Total, HDL and non-HDL Cholesterol, fasting not required) <input type="checkbox"/> * Self-pay lipid profile (non-MSP billable) 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) 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 <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 (please print legibly) <input type="checkbox"/> * Fecal Occult Blood (Age 50–74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> 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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PLEASE NOTE: All laboratory locations are closed on long weekends and statutory holidays.

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 AT CAPRI MALL	#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
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. 7:30 AM - 3:00 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.