

VALLEY MEDICAL LABORATORIES OKANAGAN CLINICAL LABORATORIES

www.valleymedicallaboratories.com

(2019-02)

No Appointment Necessary
PLEASE PRESENT YOUR MEDICAL CARD
**Please see reverse or www.valleymedicallaboratories.com
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 a blue tick box, consult provincial guidelines and protocols at www.BCGuidelines.ca.	
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:
If this is a STAT order, please provide contact telephone number: _____	DOB: YYYY 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:		DATE AND TIME OF LAST DOSE:

HEMATOLOGY	URINE TESTS	CHEMISTRY
<input type="checkbox"/> Hematology profile On Anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> INR Specify: _____ <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"/> 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 * * Clinical information for microscopic required: _____	<input type="checkbox"/> Glucose - fasting <input type="checkbox"/> Glucose - random <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"/> GTT - non-gestational diabetes <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - Urine

MICROBIOLOGY - LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, PHN & SITE	HEPATITIS SEROLOGY	LIPIDS
ROUTINE CULTURE (Send Joint and other body fluids directly to a hospital laboratory) On Antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ <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) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas NAAT) <input type="checkbox"/> Trichomonas testing NAAT Trichomonas NAAT - may use CT/GC sample (urine or swab) 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"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Throat <input type="checkbox"/> Rectum Other: _____ GONORRHEA (GC) CULTURE Source/site: <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Throat <input type="checkbox"/> Rectum Other: _____ STOOL SPECIMENS History of bloody stools? <input checked="" 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, submit 2 samples)	HEPATITIS SEROLOGY <input checked="" 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 checked="" type="checkbox"/> one box only Note: Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances [e.g. history of triglycerides > 4.5 mmol/L], independent of laboratory requirements. <input type="checkbox"/> Full Lipid Profile - Total, HDL, non-HDL, LDL cholesterol, & triglycerides (Baseline or Follow-up of complex dyslipidemia) <input type="checkbox"/> Follow-up Lipid Profile - Total, HDL & non-HDL cholesterol only <input type="checkbox"/> Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated)
		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 if indicated) <input type="checkbox"/> Suspected Hyperthyroidism (TSH first, fT4 & fT3 if indicated)
		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"/> B12 <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Bilirubin <input type="checkbox"/> β-HCG - quantitative <input type="checkbox"/> GGT <input type="checkbox"/> T. Protein

SIGNATURE OF PRACTITIONER		DATE SIGNED
DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR
		TELEPHONE REQUISITION RECEIVED BY: (employee/date/time)

INSTRUCTIONS TO PATIENTS (See reverse or www.valleymedicallaboratories.com)
Other Instructions:

VALLEY MEDICAL LABORATORIES • OKANAGAN CLINICAL LABORATORIES

PLEASE NOTE: All laboratory locations are closed on weekends and statutory holidays.

KELOWNA – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
DOWNTOWN	Suite 105 - 537 Leon Avenue Kelowna, B.C. V1Y 6J5	250 763-4813	250 862-2843	MON - FRI 8:00 AM - 5:00 PM
MISSION	Suite 2 - 616 KLO Road Kelowna, B.C. V1Y 4X4	250 868-3965	250 868-3974	MON - FRI 8:00 AM - 4:30 PM
RUTLAND	Plaza 33 Mall #32- 301 Hwy 33 W Kelowna, B.C. V1X 1X8	250 765-8822	250 765-4994	MON - FRI 8:00 AM - 4:30 PM
WEST KELOWNA	2427 Main Street West Kelowna, B.C. V4T 2H8	250 768-1778	250 707-5167	MON - FRI 8:00 AM - 4:30 PM
WINFIELD	9966 Pollard Road Winfield, B.C. V4V 1Z4	250 766-4443	250 766-4467	MON - FRI 8:30 AM - 4:30 PM
GLENMORE	Glenpark Village #122 - 1940 Kane Road Kelowna, B.C. V1V 2J9	250 762-2709	250 868-2581	MON - FRI 7:30 AM - 4:00 PM
CAPRI	Capri Mall #114 - 1835 Gordon Drive Kelowna, B.C. V1Y 3H4	250 762-5011	250 762-5020	MON - FRI 8:00 AM - 4:30 PM

PEACHLAND – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
PEACHLAND	IGA Plaza #26 – 5500 Clements Crescent Peachland, BC VOH 1X5	250 767-7694	250 767-7695	MON - FRI 7:30 AM - 4:00 PM

VERNON – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
DOWNTOWN	#101 - 3207 30th Avenue Vernon, B.C. V1T 2C6	250 549-1207	250 549-1259	MON - FRI 8:00 AM - 4:30 PM
RAILWAY PLAZA	#106 - 4710 31st Street Vernon, B.C. V1T 5J9	250 503-1914	250 503-1924	MON - FRI 7:30 AM - 4:00 PM
LUMBY HEALTH UNIT	2135 Norris Avenue Lumby, B.C. V0E 2G0			TUES 8:00-10:00 AM THU 12:30-2:30 PM

PENTICTON - OPERATING AS OKANAGAN CLINICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
DOWNTOWN	Suite 302 383 Ellis Street Penticton, B.C. V2A 4L9	250 493-0715	250 493-2714	MON - FRI 8:00 AM - 4:30 PM
SOMERSET PLAZA	Suite 108 2504 Skaha Lake Road Penticton, B.C. V2A 6G1	250 493-7522	250 492-2850	MON - FRI 7:30 AM - 4:00 PM

OSOYOOS – VALLEY MEDICAL LABORATORIES

LAB	ADDRESS	PHONE	FAX	HOURS
OSOYOOS	Lakeview Plaza #2 - 9150 Main Street Osoyoos, B.C. V0H 1V2	250 495-2677	250 495-2585	MON - FRI 7:30 AM - 3:00 PM

PATIENT INSTRUCTIONS

PLEASE PRESENT YOUR CARE CARD WITH THIS FORM

FASTING INSTRUCTIONS

- Nothing to eat for a minimum of:
 - o 8 hours (fasting glucose, 75 gram GTT).
 - o 10 hours if fasting lipids.
- Do not drink juice, tea, or coffee, chew gum or smoke during the fasting period.
- You may drink water.
- You may take your medication unless your doctor tells you not to.
- For GTT's (pregnant and non-pregnant) please eat your normal diet prior to fasting, unless your doctor has told you otherwise. You are required to remain in the lab for the duration of the test (2 hours).

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. No fasting is necessary.

PREGNANCY TESTING (URINE)

First morning specimen is preferred. Please refrigerate specimen. Deliver to the laboratory as soon as possible.

THERAPEUTIC DRUG LEVELS

Most require a through level (1/2 to 1 hour before next dose) or at least 6 hours after the last dose, however please consult with your physician to determine what time blood should be collected.

STOOL OCCULT BLOOD (FIT)

Collection containers and instructions can be obtained from the lab.

24 HOUR URINE

Collection containers and instructions can be obtained from the lab.

MICROBIOLOGY TESTING

See www.valleymedicallaboratories.com for instructions