

VALLEY MEDICAL LABORATORIES OKANAGAN CLINICAL LABORATORIES

www.valleymedicallaboratories.com

(2020-11)

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 * 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
If this is a STAT order, please tick STAT box and provide contact telephone number: <input type="checkbox"/> STAT _____	STREET ADDRESS:	
	CITY / TOWN: _____	
	POSTAL CODE: _____	
DOB: _____	YYYY MM DD	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURS FASTING
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	HEPATIC & HIV TESTS	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)	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 * <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)
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 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)	OTHER TESTS <input type="checkbox"/> ECG available Vernon Downtown & Penticton Labs Only <input type="checkbox"/> FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program <input type="checkbox"/> FIT No copy to Colon Screening Program	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)
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: _____ MYCOLOGY <input type="checkbox"/> Yeast <input type="checkbox"/> Fungus Site: _____	SIGNATURE OF PRACTITIONER _____	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

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:	

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 2020/11

VALLEY MEDICAL LABORATORIES • OKANAGAN CLINICAL LABORATORIES

Check website for most up to date hours of operation

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 By Appointment Only
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 By Appointment Only

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 *WED - 7:30 AM - 1:00 PM By Appointment Only

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 By Appointment Only
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 7:30-11:30 AM By Appointment Only

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. VOH 1V2	250 495-2677	250 495-2585	MON - FRI 7:30 AM - 3:00 PM

PATIENT INSTRUCTIONS

PLEASE PRESENT YOUR BC SERVICES CARD WITH THIS FORM

Fasting Instructions	<ul style="list-style-type: none"> Nothing to eat for a minimum of: <ul style="list-style-type: none"> 8 hours (fasting glucose, 75 gram GTT). 8-12 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 advises otherwise.
Cholesterol / Triglyceride / HDL / LDL	Fast 8-12 hours prior to test if indicated by the physician.
Glucose Fasting	Fast 8 hours prior to the test.
Glucose Tolerance Test Non-Gestational GGT	For GTT's (pregnant and non-pregnant) please eat your normal diet prior to fasting, unless your doctor has told you otherwise.
Gestational Diabetes Confirmation	Patient must remain in the lab for the duration of the test (2 hours).
Gestational Diabetes Screen	Fasting not required. Blood is collected 1 hour after glucose drink is given to the patient. Patient must remain at the Lab for the duration of the test.
Therapeutic Drug Assays	Blood should be taken just prior to next dose of medication.
24 Hour Urine	Containers and patient instructions are provided by the Laboratory.
Stool C&S, C. difficile, O&P, Occult Blood (FIT)	
Urine Culture (C&S)	
Sputum Culture	
Semen Analysis	
Check with your physician or local laboratory for further testing instruction: www.valleymedicallaboratories.com	
Detailed information on MSP Protocols and Guidelines is available at: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines	