

University Hospital of Northern British Columbia  
**Oncology Laboratory Requisition**

(This requisition can be brought to any laboratory for lab work.) **Page 1 of 1**

Last Name:		
First Name (Preferred Name):		
Encounter number:	NH Number:	Chart Created: Y/N
Date of Birth:	Gender:	Age: Encounter Type:
Responsibility for Payment:		PHN:
Primary Care Physician/Attending Physician:		

**PATIENT LABEL**

<p><b>Bill to:</b>  <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> Patient <input type="checkbox"/> Other  <b>Ordering physician/MSP#</b>                   (please print)                  Address and Contact Number                  if other than BCCA-Prince George   <input type="checkbox"/> Contact is same as BCCA - Centre for the North                  1215 Lethbridge St.   Prince George, BC V2M 7E9                  Phone: 250-645-7300   Fax: 250-645-7301                   Signature: _____                   Date signed: _____</p>	<p>Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other                  Diagnosis: Oncology Care   <b>Date required:</b> _____  <input type="checkbox"/> Standing orders: indicate duration and frequency   <b>Copy to:</b> Physician/MSP#                   (please print)                   After hours/STAT contact:  <input type="checkbox"/> BCCA - Prince George direct line Phone:250-645-7328                  after hours UHNBC switch board  <input type="checkbox"/> List of other: _____                  _____                  _____</p>
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<b>Hematology</b>	<b>Hematology coagulation</b>
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<input type="checkbox"/> Cell panel (CBC)/differential <input type="checkbox"/> Reticulocytes <input type="checkbox"/> ESR <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> PTT (activated partial thromboplastin time) <input type="checkbox"/> INR On anticoagulation? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Specify: _____ <input type="checkbox"/> Other (specify): _____
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<b>Tumour markers</b>	<b>Urinalysis</b>
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<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Routine Urine (Macroscopic and Micro if indicated) <input type="checkbox"/> Urine – C&S <input type="checkbox"/> UPEP – Urine protein electrophoresis <input type="checkbox"/> Other (specify): _____
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<b>Clinical chemistry</b>
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<input type="checkbox"/> Sodium (Na <sup>+</sup> ) <input type="checkbox"/> Potassium (K) <input type="checkbox"/> Chloride (Cl <sup>-</sup> ) <input type="checkbox"/> Total CO2 <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine/GFR <input type="checkbox"/> Glucose - Fasting <input type="checkbox"/> Glucose - Random <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphate <input type="checkbox"/> Magnesium <input type="checkbox"/> Uric acid	<input type="checkbox"/> IgG-IgA-IgM (quantitative immunoglobulin) <input type="checkbox"/> SPEP (S. protein electrophoresis) <input type="checkbox"/> Serum free light chains <input type="checkbox"/> Total protein <input type="checkbox"/> Albumin <input type="checkbox"/> Lipase <input type="checkbox"/> Amylase <input type="checkbox"/> Cholesterol - 12h fasting <input type="checkbox"/> Triglycerides - 12h fasting <input type="checkbox"/> Lipid NON-Fasting (Trig, Chol, HDL, LDL) <input type="checkbox"/> LDH	<input type="checkbox"/> Total bilirubin (protect from light) <input type="checkbox"/> Direct bilirubin (protect from light) <input type="checkbox"/> Alk phos <input type="checkbox"/> GGT <input type="checkbox"/> AST <input type="checkbox"/> ALT <input type="checkbox"/> CRP  <input type="checkbox"/> Other (specify): _____ _____ _____	<input type="checkbox"/> TSH <input type="checkbox"/> Free T4 <input type="checkbox"/> Free T3  <input type="checkbox"/> Thyroglobulin antibody <input type="checkbox"/> Thyroglobulin <input type="checkbox"/> Ferritin <input type="checkbox"/> Iron studies (Iron, TIBC, % Sat) <input type="checkbox"/> Vitamin B <sub>12</sub>
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