STANDARD OUT-PATIENT LABORATORY REQUISITION FOR MATERNITY CARE

northern health
the northern way of caring

Facility

Phone: Fax:
Hours:

Ordering practitioner: address, phone, MSP number

For tests with a shaded box ▒, consult provincial guidelines and protocols (www.BCGuidelines.ca)

Bill to: ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ Patient ☐ Other: _____

Personal health number	**ICBC/WorkSafeBC number**	**Locum for practitioner and MSP practitioner number:**
Last name of patient	**First name of patient**	**Order practitioner name/MSP practitioner number:**
DOB YYYY MM DD; **Gender** ☐ M ☐ F	**Fasting** _____ hours	**If this is a STAT order please provide contact telephone number:**
Primary contact number of patient / **Secondary contact number of patient** / **Other contact number of patient**		**Copy to practitioner/MSP practitioner number/address:**
Address of patient / **City/Town** / **Province** / **Postal code**		
Diagnosis	**Estimated date of confinement (EDC)**	**Current medications/date and time of last dose** / **Allergies**

Test per the perinatal services of BC obstetric guideline

Serum integrated prenatal screen (SIPS):
- ☐ Part 1 at 9 to 13 + 6 weeks
- ☐ Part 2 at 14 to 20 + 6 weeks

Quad screen 14 to 20 + 6 weeks
- ☐ Maternal serum AFP only (See guideline for ordering instructions

Use separate requisitions for each screening test

Complete Prenatal Genetic Screening Laboratory Requisition located at:
http://www.perinatalservicesbc.ca/Documents/Screening/Prenatal-HCP/LabReqFillable.pdf

0 to 14 weeks: recommended tests
- ☐ Blood group and antibody screen - Complete the BCY Prenatal Screening Request located on the CBS site at http://blood.ca/hospitals/bc-yukon-centre/test-request-forms
- ☐ Hematology profile (CBC)
- ▒ TSH (for those with risk factors for hypothyroidism)
- ☐ HIV serology - complete the Serology Screening Requisition located at http://lmlabs/phsa.ca/health-professionals/test-requisitions
  - ☐ Non-nominal reporting (patient has legal right to choose not have their name reported to public health = non-nominal reporting)
- ☐ Syphilis serology
- ☐ Hepatitis B (HBsAg) ☐ Hepatitis C (anti-HCV) (for women with risk factors)
- ☐ Rubella antibody titre (if first pregnancy)

Chlamydia/Gonorrhea testing by NAAT
- ☐ Vaginal swab ☐ Cervical swab ☐ Urine

Urine
- ☐ Macroscopic → urine culture if indicated

24 to 28 weeks: Recommended tests
- ☐ Repeat antibody screen in D negative (Rh negative) women or as indicated on previous CBS report. Use the BCY Prenatal Screening Request form located on the CBS site at: https://blood.ca/en/hospitals/bc-yukon-centre/test-request-forms
- ☐ GTT - gestational diabetes screen (50 g load, 1 h - post load)
- ☐ GTT - gestational diabetes confirmation (75 g load, 8 to 10 h fasting, water permitted, 2h test)

35 to 37 weeks: recommended tests
- ☐ Hematology profile (CBC)

Group B strep screen ☐ Vagino-anorectal swab ☐ Penicillin allergy

Telephone requisition received by: employee/date/time

Other tests as required

Chemistry
- ☐ Sodium
- ☐ Potassium
- ☐ Albumin
- ☐ Alk Phos
- ☐ ALT
- ☐ Bilirubin
- ☐ GGT
- ☐ Ferritin
- ☐ Creatinine
- ☐ Urine protein/creatinine ratio
- ☐ Fasting glucose

OR
- ☐ Hemoglobin A1C if risk factors for Type II diabetes
- ☐ Pregnancy test ☐ Urine ☐ Serum

Vaginitis
- ☐ Initial (smear for BV & yeast only)
- ☐ Chronic/recurrent (smear, culture, trichomonas)
- ☐ Trichomonas testing

Thyroid function

For physician referrals only. For other thyroid investigations, please order specific tests below and provide diagnosis.
- ▒ Monitor thyroid replacement therapy (TSH only)
- ▒ Suspected hypothyroidism (TSH first ± fT4)
- ▒ Suspected hyperthyroidism (TSH first, fT4 and ± fT3)

Hematology
- ☐ Thalassemia/hemoglobinopathy investigation
- ☐ INR
- ☐ PTT
- ☐ Fibrinogen

Urine
- ☐ Macroscopic → microscopic if dipstick positive
- ☐ Macroscopic → urine culture if pyuria or nitrate present
- ☐ Macroscopic (dipstick) ☐ Microscopic

Other test and/or patient instructions

Immunity/past infection
- ☐ Rubella antibody IgG
- ☐ Varicella serology (if no known Hx of disease or immunization)
- ☐ Parvovirus B19 IgG serology
- ☐ CMV IgG serology
- ☐ Toxoplasmosis IgG serology

Immunity/past infection
- ☐ Mumps serology (for post-exposure or with symptoms)
- ☐ Rubella IgM
- ☐ Parvovirus B19 IgM serlogy
- ☐ CMV IgM serology
- ☐ Toxoplasmosis IgM serology

Additional tests

Date of collection	Time of collection	Phlebotomist	Signature of requesting practitioner	Date signed

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. The information collected is used for quality assurance management and disclosed to health care 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 in the Freedom of information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

See reverse side for patient instructions

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Hours:

Patient instructions

Several tests require the patient to fast prior to the test. Fasting means nothing to eat or drink (including gum and candy) for at least 8 to 12 hours. Water permitted in small quantities.

Fasting required	**Cholesterol / Triglyceride / HDL LDL / Lipid Panel**	Fasting 8 to 10 hours prior to the test.
	Iron / TIBC /Homocysteine	Fasting 8 to 10 hours prior to the test.
	Glucose fasting	Fasting 8 to 10 hours prior to the test.
	Glucose tolerance tests	Eat regular meals (adequate carbohydrate intake) for 3 days prior to the test. Do not eat or drink (including gum and candy), except water, for 8 hours prior to the test. Patient is required to remain at the Lab for the duration of the test.
Gestational diabetes screen (Glucose 1 hr, 50 g Drink)		Fasting NOT required. Blood is collected 1 hour after glucose drink is given to the patient. Patient is required to remain in the Lab for the duration of the test.
Therapeutic drug assays		Blood should be taken **prior** to next dose of medication.
Helicobacter Pylori breath test* **		Do not eat or drink for 4 hours prior to test. Contact laboratory for a list of medications that interfere with testing.
24 hour urine		Instructions and containers are provided by the Laboratory.
Stool C&S, C.difficile, O&P, occult blood		
Urine culture (C&S)		
Sputum culture		
Semen analysis* **		
Further testing information		Check with your physician or Laboratory or see the website below.

*** Contact laboratory to see if testing available onsite.

For detailed patient instructions and laboratory services go to:

www.northernhealth.ca

- click on Services
- click on Hospital Services
- click on Lab Services
- click on For Patients

For Administration Use Only

Place Patient Label Here

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