

Yellow highlighted fields must be completed.

For tests indicated with a blue tick box consult provincial guidelines and protocols (www.BCGuidelines.ca) https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines

ORDERING PRACTITIONER: ADDRESS, PHONE, MSP PRACTITIONER NUMBER

Salman Ali, 66785 Highgate Burnaby 250-7155 Kingsway Burnaby BC, V5E 2V1 Tel: 604-438-9991 Fax: 604-438-9960

Bill to -> [X] MSP [ ] ICBC [ ] WorkSafeBC [ ] PATIENT [ ] OTHER:

PERSONAL HEALTH NUMBER 9792487976 ICBC/WorkSafeBC NUMBER

LOCUM FOR PRACTITIONER AND MSP PRACTITIONER NUMBER:

LAST NAME OF PATIENT Hafiz FIRST NAME OF PATIENT Mohammad Fouad

If this is a STAT order please provide contact telephone number:

DOB 1978/02/21 SEX M Pregnant? [ ] YES [ ] NO [ ] Fasting? 10 h pc

Provide stat contact phone # if needed

Copy to PRACTITIONER/MSP Practitioner Number:

PRIMARY CONTACT NUMBER OF PATIENT 604 220 1815 SECONDARY CONTACT NUMBER OF PATIENT 604-220-1815 OTHER CONTACT NUMBER OF PATIENT

Copy to PRACTITIONER/MSP Practitioner Number:

ADDRESS OF PATIENT 802-2133 Douglas Rd, Burnaby, BC, V5C 0E9 CITY/TOWN

DIAGNOSIS Hypothyroid? CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY, URINE TESTS, CHEMISTRY sections with checkboxes for various tests like Hematology profile, Macroscopic, Glucose, etc.

MICROBIOLOGY - LABEL ALL SPECIMENS WITH PATIENT'S FIRST & LAST NAME, DOB, PHN & SITE

ROUTINE CULTURE, HEPATITIS, LIPIDS sections with checkboxes for culture types, hepatitis tests, and lipid profiles.

GROUP B STREP SCREEN, CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT sections with checkboxes for swab types and source sites.

GONORRHEA (GC) CULTURE, HEPATITIS MARKER(S), HIV Serology sections with checkboxes for culture types and marker tests.

STOOL SPECIMENS, OTHER TESTS - Standing Orders Include expiry & frequency sections with checkboxes for stool tests and other procedures.

DERMATOPHYTES, MYCOLOGY sections with checkboxes for skin, nail, hair, yeast, and fungus tests.

SIGNATURE OF PRACTITIONER "Electronically signed" DATE SIGNED 2023-06-06

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

INSTRUCTIONS TO PATIENTS (See reverse) Nothing to eat or drink, except for water, for 10 hours prior to test. Call to schedule an appointment Mon - Fri from 9am - 5pm, 604-412-4495 or Toll Free 1-855-412-4495

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 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.