Danner Laboratory

Improving Lives With Cytology & Molecular Testing

Laboratory Requisition

150 - 13500 Maycrest Way, Richmond, BC V6V 2N8
604-436-4388 info@dannerlab.ca
www.dannerlab.ca

☐ Routine Service (24 hours)
☐ Rush Service (12 hours)
☐ STAT Service

(Two matching unique patient identifiers on sample container and requisition are required for sample processing)

PATIENT INFORMATION

Patient Surname	First & Middle Name	Date of Birth (DD/MM/YYYY)	Sex ☐ M ☐ F ☐ X ☐ U (Unknown)

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

PHN _____ **ID Number** _____ **Passport Number** _____

Patient Telephone Number

Patient Email Address

Patient Address **City** **Province** **Postal Code**

ORDERING CLINICIAN INFORMATION

Ordering Practitioner
Name, Address, MSC Number, Email

☐ **I do not require a copy of the report**

☐ **I am a Locum**
Include name of Practitioner you are covering for

Additional copies to Practitioner / Clinic:

Name, Address, Email (Limit of 3 copies available)

1

2

3

SPECIMEN INFORMATION

Date Collected (DD/MM/YYYY)

Time Collected (HH:MM)

Collector Name and Signature:

SPECIMEN SOURCE

RESPIRATORY SITES		GENITAL/URINARY SITES		OTHER
☐ Nasopharynx	☐ Nares	☐ Vagina	☐ Cervix (Pap)	☐ Other, Specify _____
☐ Oropharynx	☐ Throat	☐ Endocervix	☐ Urine, first catch	

Container Type
☐ Swab with transport medium
☐ Wash: _____
☐ Other: _____

Panel Options (Check all applicable)

RICHMOND CENTRAL LABORATORY

Respiratory Diseases Panel:

☐ SARS-CoV-2 (COVID-19), RT-PCR
☐ Influenza A/B, RT-PCR
☐ Respiratory Syncytial Virus (RSV), RT-PCR
☐ All of the above [SARS-CoV-2 (COVID-19), influenza A/B and RSV]
☐ Strep A, RT-PCR

POINT OF CARE TESTING LABORATORY AT PHARMASAVE CITY SQUARE

Respiratory Diseases Panel:

☐ SARS-CoV-2 (COVID-19), NAAT
☐ Influenza A/B, NAAT
☐ Respiratory Syncytial Virus (RSV), NAAT
☐ Strep A, NAAT

Women's Health and Molecular Diagnostics Panel

☐ HPV Primary Screen, RT-PCR
☐ Chlamydia / Gonorrhea (CT/NG), RT-PCR
☐ *Trichomonas vaginalis* (TV), RT-PCR
☐ Cervical Pap Test, Cytopathology (Routine Services: 72 hours)
☐ Bacterial Vaginosis Panel, PCR-based Symptomatic Testing (Routine Services: 72 hours)
☐ Vaginal Candidiasis Panel, PCR-based Symptomatic Testing (Routine Services: 72 hours)

Consent of Patient for Out of Province Specimen

Cervical Pap Test, Cytopathology, Bacterial Vaginosis Panel, PCR-based Symptomatic Testing, Vaginal Candidiasis Panel, PCR-based Symptomatic Testing

Date of Signature (DD/MM/YYYY)

Signature of Patient

Date of Test Ordered by Practitioner
(DD/MM/YYYY)

Signature of Practitioner

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 disclosed only as provided by those acts. For client request consultations regarding appropriate test ordering, specimen submission and further clarification regarding test results please contact Danner Laboratory at 604-436-4388 or email your requests at info@dannerlab.ca.