

Valley Medical Laboratories

Fax: 250-862-2843

Phone: 250-763-4813

**DIABETES PROGRAM
STANDING ORDER
REQUEST FORM**
(Revised 2019 05)



PHYSICIANS: Please use this form to register patients in the diabetes program.

After completion, please return this form to us by fax.

Please contact us if you require further information about this program.

****If you wish a standing order for additional tests not listed below, please submit them separately on a Standard Outpatient Requisition form.**

Thank you for your participation,

J. Doyle, MD, FRCPC

Director, Valley Medical Laboratories



To: Valley Medical Laboratories

Fax: 250-862-2843

Re: Name: _____

DOB: _____

PHN: _____

1. Registration (choose one):

Please indicate how we should register this patient, considering whether or not long-term benefit might be expected from regular testing.

Register this patient as a NON-PARTICIPANT.

(It is helpful to register all diabetic patients. Registering a patient as a non-participant allows us to customize future searches for non-registered patients, and to provide you an annual list of registered participants and non-participants.)

Register this patient as a PARTICIPANT.

Ticking this box confirms a standing order for the following tests and frequencies

<u>Test</u>	<u>Frequency</u>	<u>Other Frequency Preferred</u>
A1C	every 3 months	
Urine Albumin/Creatinine Ratio	annually	
Creatinine (eGFR)	annually	
Lipids (or APO-B if preferred)	annually	
Verification of glucometer accuracy	annually	

2. Lipids

Please indicate your preference for lipid testing for this patient:

Lipid panel (Please specify ___Fasting or ___Non Fasting)

Apo-B

3. Signed (and/or office stamp with MD name): _____

4. Date: _____

5. Please send copies of results to (specify): _____