



LABORATORY TESTING ADDENDUM

Effective April 2018

Revised December 2020

Revised September 2021

Revised September 2024

Revised September 2025



Addendum

The objective of this Laboratory Testing Addendum is to provide guidance and additional information to Doctors of Optometry on:

- How to register as a provider for Laboratory Testing
- How to access and fill out Laboratory Requisition Forms
- How to order Laboratory supplies
- Contact Information for Provincial Laboratory and specific Laboratory Zones
- FAQ's and Laboratory Testing protocols
- Links to best practices on corneal and conjunctival swabbing techniques



In order to avoid possible duplication of laboratory test ordering, optometrists who wish to order laboratory tests through community labs **must** have access to Alberta Netcare (or other similar provincial database) to review previous laboratory test results before ordering any new tests. If using a private lab, access to Netcare before ordering labs is not required as this would be a private pay option.

Full details on accessing Alberta Netcare and completing other required privacy documents are available in the “Navigating Privacy Legislation” documents located in the Secure Member Log-In area on the ACO website.

Step 1 – Register as a Provider

1. Visit <https://provideridlookup.albertahealthservices.ca/Auth/Login> to get your Connect Care ID's. All practitioners will have a Connect Care ID, but not all practitioners will have access to Connect Care. You will require your Submitter ID for registration, and both your Provider ID and Submitter ID for requisition forms.
 - a. Fill in your last name and practice ID.



Connect Care Submitter, Department and Provider ID Lookup

Login

Please note: This site will search and display community-based locations only; AHS affiliated locations are not included.

Last Name *	<input type="text" value="Sample"/>
Prac ID *	<input type="text" value="1234-56789"/>
<input type="button" value="Login"/>	

- b. Provider ID is found at the top. Then search for your Submitter ID in the bottom left box. Note, it may be easier to search your postal code instead of the clinic name.

Welcome

Provider ID: 123456

First Name (Middle Name): Sample

Last Name: Sample

Provider ID: A single ID that identifies the ordering provider regardless of their location.

Submitter ID: Identifies the clinic location / location where laboratory tests are ordered from.

Department ID: Identifies the clinic location / location where diagnostic imaging is ordered from.

NOTE: If your clinic uses eDelivery and you need to associate a provider with your clinic or location, please complete the "Request for Provider/Prescriber Set-Up in Health Information Systems" Form to receive results in your EMR.

Please note: This site will search and display community-based locations only; AHS affiliated locations are not included.

Find a Submitter ID

Type a Location Name, Postal Code, or Submitter ID here.



Find a Department ID

Type a Location Name, Postal Code, or Department ID here.



2. Visit <https://www.albertahealthservices.ca/frm-21762.pdf> and fill out the provider set-up form. If you practice at multiple locations, you will have to register as provider for each individual location, as each location will have a unique Submitter ID.


3. Fax your completed form(s) to (780) 644 -1792 or email form(s) to AHS.Provider_Requests@ahs.ca.

Step 2 – How to Access Lab Requisition Forms

1. Visit <https://www.albertaprecisionlabs.ca/hp/Page13849.aspx> and scroll down to the “Full List of Requisitions” where you can download a PDF blank copy of a lab requisition and fill out your information. Click “General Laboratory Requisition-21302” to access the pdf form.
 - a. Commonly used forms include:
 - i. General Laboratory Requisition
 - ii. Microbiology Requisition
 - iii. Ophthalmology Microbiology Requisition
2. Alternatively, you can use the Requisition Generator at the above link by clicking the “Create Requisition Now” button. Please note, this only allows you to electronically fill out your provider information on a requisition form to print, and it does not allow you to electronically select the lab tests you require.

Step 3 – How to Fill Out Lab Requisition Forms

1. See below for patient and provider information completion aid.



**ALBERTA PRECISION
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Requisition Completion Aid

						Scanning Label or Accession # <i>(lab only)</i>	
Patient	PHN 12345-6789		Expiry: 01 APR 2004	Date of Birth <i>(dd-Mon-yyyy)</i> 01 APR 2004			
	Legal Last Name Sample		Legal First Name William		Middle Name George		
	Alternate Identifier	Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose		Phone xxx-xxx-xxxx	
	Address 111 My Avenue		City/Town Edmonton	Prov AB	Postal Code T2T 2T2		
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i> Example, Doctor S			Copy to Name <i>(last, first, middle)</i> Example, Copy Provider		Copy to Name <i>(last, first, middle)</i>	
	Address 1234 211 St, Edm, AB T3T 3T3		Phone xxx-xxx-xxxx	Address 4567 89 Ave EDM, AB T5T 5T5		Address	
	CC Provider ID numeric digits	CC Submitter ID numeric digits	Legacy ID	Phone xxx-xxx-xxxx		Phone	
	Clinic Name Family Medicine Clinic			Clinic Name Associated Medical Clinic		Clinic Name	
Collection		Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>		Location	
						Collector ID	

Required Provider Information Fields

- **Authorizing Provider:** The provider ordering the test and acting on the test result.
- **Connect Care (CC) Provider ID:** Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.
- **Connect Care (CC) Submitter ID:** Unique ID for the location or clinic and is used to route reports.

NOTE: Both Provider ID and Submitter ID are required to correctly route reports.

Copy To Provider(s)

Complete Name, Address and Clinic Name will assist in selecting the correct provider.

Patient Information Fields

- **PHN Expiry Date:** Required for patients with out-of-province healthcare insurance (if applicable).
- **Alternate Identifier:** Unique ID (ULI, MRN, government issued ID, etc.).
- **Preferred Name:** Use if the preferred name differs from legal name.
- **Gender:** “Non-binary” and “Prefer not to disclose” provide choices of response other than “male” or “female”.

2. Check off each lab test you would like to order. If you do not see a lab test that you are looking for listed, write it down in the “Additional Tests” section at the bottom of the requisition page. If you do not know the name of a test you are ordering, you can search the test directory found at <https://td.albertaprecisionlabs.ca>.
3. See the following page for an example of a filled-out requisition form.



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General Laboratory Requisition

Alberta Precision Laboratories 1-877-868-6848

Appointment Booking - online at www.albertaprecisionlabs.ca or 1-877-702-4486

Locations and Hours of Operation www.albertaprecisionlabs.ca

Scanning Label or Accession # (lab only)

Patient	PHN 123456789	Expiry: _____	Date of Birth (dd-Mon-yyyy)			
	Legal Last Name Sample		Legal First Name Sample		Middle Name	
	Alternate Identifier	Preferred Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone 7801234567	
	Address 1234 Street Name		City/Town Edmonton	Prov AB	Postal Code T8T 8T8	
Provider(s)	Authorizing Provider Name (last, first, middle) Sample, Sample		Copy to Name (last, first, middle)		Copy to Name (last, first, middle)	
	Address 1234 Street Name		Phone 7801234567	Address	Address	
	CC Provider ID 123456	CC Submitter ID 123456	Legacy ID	Phone	Phone	
	Clinic Name Optometry Clinic		Clinic Name	Clinic Name	Clinic Name	
Collection	Date (dd-Mon-yyyy)		Time (24 hr)	Location	Collector ID	
Requisition Date (dd-Mon-yyyy)			<input checked="" type="checkbox"/> Denotes a Fasting Test. <input type="checkbox"/> Refer to Patient Instruction Sheet.		Hours Fasting _____ <input type="checkbox"/> Third Party Bill Client _____	
Hematology/Coagulation <input checked="" type="checkbox"/> CBC and Differential <input type="checkbox"/> CBC no Differential <input type="checkbox"/> D-dimer <input type="checkbox"/> INR <input type="checkbox"/> Reticulocyte Count			Endocrine <input type="checkbox"/> Cortisol Random <input type="checkbox"/> Cortisol AM (0700-1000) <input type="checkbox"/> Cortisol PM (1500-1800) <input type="checkbox"/> Estradiol <input type="checkbox"/> Follicle Stimulating Hormone (FSH) <input type="checkbox"/> Luteinizing Hormone (LH) <input type="checkbox"/> Parathyroid Hormone (PTH) <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) <input type="checkbox"/> Progressive Thyroid Stimulating Hormone (TSH)		Clinical Information	
General Chemistry <input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase (ALP) <input type="checkbox"/> Alanine Aminotransferase (ALT) <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Bilirubin, Total and Conjugated <input type="checkbox"/> Calcium <input checked="" type="checkbox"/> C-Reactive Protein (CRP) <input type="checkbox"/> Creatine Kinase (CK) <input type="checkbox"/> Creatinine (eGFR) <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Ferritin <input type="checkbox"/> Fibrosis-4 Score (FIB-4) <input type="checkbox"/> Gamma Glutamyl Transferase (GGT) <input type="checkbox"/> Glucose Fasting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glucose Random <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> HCG, Serum (Quantitative) <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> Lipase <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphate <input type="checkbox"/> Prostate Specific Antigen (PSA) <input type="checkbox"/> Protein Electrophoresis, Serum <input type="checkbox"/> Total Protein <input type="checkbox"/> Urate			Immunology/Serology <input type="checkbox"/> Epstein Barr Serology Panel <input type="checkbox"/> Hepatitis A Virus Acute Serology - IgM <input type="checkbox"/> Hepatitis A Virus Immunity Serology - IgG <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis C Virus Serology <input type="checkbox"/> HIV 1 and 2 Serology (Antigen and Antibody) <input type="checkbox"/> Mononucleosis Screen <input checked="" type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> Rubella Immunity Serology - IgG <input type="checkbox"/> Syphilis screen		Drug Levels/Monitoring <input type="checkbox"/> Ethanol Level, Blood Therapeutic Drug Monitoring Dose route <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> Other Dose Regimen _____ How Long on Current Regimen? _____ Date of Last Dose or IV Complete _____ Time of Last Dose or IV Complete _____ Date of Next Dose or IV Start _____ Time of Next Dose or IV Start _____ <input type="checkbox"/> Carbamazepine <input type="checkbox"/> Phenytoin, Total <input type="checkbox"/> Cyclosporine pre dose <input type="checkbox"/> Sirolimus <input type="checkbox"/> Cyclosporine 2 h post <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Digoxin <input type="checkbox"/> Theophylline <input type="checkbox"/> Lithium <input type="checkbox"/> Valproate <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Other _____	
Antibiotics Gentamicin <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Interval <input type="checkbox"/> Other Tobramycin <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Interval <input type="checkbox"/> Other Vancomycin <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Interval <input type="checkbox"/> Other			Anticoagulant <input type="checkbox"/> Anti-Xa - Unfractionated Heparin <input type="checkbox"/> Anti-Xa - LMWH <input type="checkbox"/> Anti-Xa - Apixaban <input type="checkbox"/> Anti-Xa - Rivaroxaban			
Urine Drug Testing Panels Reason For Request _____ <input type="checkbox"/> Opioid Dependency Panel What is Treatment Regimen? <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Methadone <input type="checkbox"/> Morphine <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Other _____ OR <input type="checkbox"/> General Toxicology Panel			Miscellaneous <input type="checkbox"/> Celiac Screen - TTG IgA (includes IgA deficiency screen) <input checked="" type="checkbox"/> <input type="checkbox"/> FIT Colorectal Cancer Screening (Age 50-74) <input type="checkbox"/> H. pylori Test <input type="checkbox"/> Hemoglobinopathy Investigation			
Additional Tests Tests not listed go here. Example: SS-A/SS-B for Sjogren's Syndrome						
Lipid Panel <input type="checkbox"/> Cholesterol, Total <input type="checkbox"/> Triglycerides <input type="checkbox"/> Cardiovascular Disease Risk Assessment (Framingham Risk Score) includes Lipid Panel Required History Systolic Blood Pressure (mmHg) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Current Tobacco Use <input type="checkbox"/> Yes <input type="checkbox"/> No Treated for high Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No Chronic Kidney Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Atherosclerosis <input type="checkbox"/> Yes <input type="checkbox"/> No First-degree relative with CVD (M <55Y / F <65Y)			Sterile Body Fluid <input type="checkbox"/> Fluid Type _____ Source: _____ Test(s) _____ Urine <input type="checkbox"/> Urinalysis <input type="checkbox"/> Pregnancy Test (HCG, Qualitative) <input type="checkbox"/> Albumin* <input type="checkbox"/> Random <input type="checkbox"/> 24 h <input type="checkbox"/> Creatinine <input type="checkbox"/> Random <input type="checkbox"/> 24 h <input type="checkbox"/> Cortisol <input type="checkbox"/> Random <input type="checkbox"/> 24 h <input type="checkbox"/> Protein Total* <input type="checkbox"/> Random <input type="checkbox"/> 24 h <input type="checkbox"/> Protein Electrophoresis <input type="checkbox"/> Random <input type="checkbox"/> 24 h *includes creatinine ratio <input type="checkbox"/> Creatinine Clearance 24h Ht _____ cm Wt _____ kg		24H Urine <input checked="" type="checkbox"/> Total Volume _____ Start Date _____ Start Time _____ End Date _____ End Time _____	
Glucose Tolerance Tests <input type="checkbox"/> Glucose Gestational Diabetes Screen (GDS) <input type="checkbox"/> Glucose Tolerance, Gestational, 2 h <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glucose Tolerance, 2 h <input checked="" type="checkbox"/> <input type="checkbox"/>						

Ordering Laboratory Supplies

To order lab supplies for corneal/conjunctival scrapings, fill in the form titled “Corneal Scraping Bedside Media Kit Supply Order Form” on:

<https://www.albertaprecisionlabs.ca/hp/Page14021.aspx>

All provincial zones have been consolidated within Alberta Precision Laboratories system.

For further information regarding Alberta Precision Laboratories consult their website:

<https://www.albertaprecisionlabs.ca/default.aspx>

FAQ's and Laboratory Testing Protocols

- The ACO Laboratory Testing Clinical Practice Guideline is posted on the ACO website under the Resources tab. This document provides guidance to optometrists on ordering and interpreting laboratory tests.
- To prevent possible duplication of Laboratory Test ordering, all optometrists must review previous test results on a provincial database such as Alberta Netcare (or other similar sites) before ordering a laboratory test.
- If using private pay laboratories, access to Netcare (or other similar sites) to review previous test results is not required.
- You are **not** permitted to order a laboratory test for yourself or immediate family member.
- The A1c test has a minimum 90-day limit between test orderings. All other laboratory tests do not have time limits.
- Optometrists are responsible for interpretation of all laboratory tests they order and communication of these test results to patients.
- Optometrists are also responsible for appropriate documentation of laboratory test ordering and interpretation on their patient chart.
- The results of all laboratory tests that you order will be faxed to the number you list on your Registration Form. The Lab may also telephone you with regard to any emergency or critical results.
- As optometrists are only authorized to practice within their scope of practice, optometrists are responsible for the appropriate referral of the patient to the patient's family physician or specialist if indicated by the laboratory test results.
- If a specific laboratory test is not listed on the Requisition Form, you may enter the test in the “Other Tests Not Listed” section of the form.
- Use separate swabs for each eye – do not use the same swab for both eyes for corneal or conjunctival swabs.
- After you perform a corneal or conjunctival swab, place the swab in the vial, break off the handle and seal the lid. You can either drop off the sample

yourself at the nearest lab or telephone them for pickup. If pickup or drop-off will not occur for several hours, store the sample in a fridge at 4-8C.

- Do not use a topical anesthetic prior to performing a conjunctival swab.
- Lab Zone websites will have specific information (listed by organism) on specific testing and protocols.

The following website will assist you with best practices and “smart decisions” on lab test ordering and interpretation

<https://choosingwiselycanada.org>