



Laboratory Information Centre: 403-770-3600
www.calgarylabservices.com

THIRD PARTY REQUISITION			
SEE REVERSE FOR ADDITIONAL INFORMATION			
PROVINCE	PERSONAL HEALTH NUMBER (PHN) (OPTIONAL)		REGIONAL HEALTH RECORD NUMBER
PATIENT LAST NAME		FULL FIRST NAME	MIDDLE NAME
PATIENT ADDRESS		CITY, PROVINCE	POSTAL CODE
CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
		____/____/____ Y Y Y Y M M M D D	(____) ____ - ____
COPY TO:		CLINICAL DATA	
1) _____ Last Name Full First Name Office Address/Location			
2) _____ Last Name Full First Name Office Address/Location			

SHADED AREAS ARE REQUIRED INFORMATION

ORDERING PHYSICIAN:

LifeLabs, Ontario
 ORG: 05100
 Provider: 009999A

Expanded Family Screen (Counsyl Foresight)

Patient Information	<p>Appointments must be booked. Book appointment at www.calgarylabservices.com or call 403-770-5136 Appointments can only be booked Monday to Thursday 7:00 AM to 12:00 PM (exception is no Thursday booking when Friday is statutory holiday)</p>		
Data Entry	Encounter Type: Financial Class: Company Name:	<p>Community Patient Company Bill LifeLabs Ontario</p>	
	Orderable:	<input checked="" type="checkbox"/> KIT1	
Sample Requirements & Handling	<ul style="list-style-type: none"> Collect one(1) 4.0 ml EDTA lavender top tube. Do not centrifuge sample. Label samples with patient's full name, identifier if available, and Date of Birth Ensure LifeLabs requisition is completed with Date/Time of collection and all patient information and signed by physician and patient. Ensure that a completed Payment Authorization Form is sent with the specimen. 		
Packaging	<ul style="list-style-type: none"> Place tube(s) and absorbent pad in biohazard bag. Put LifeLabs requisition and Payment Authorization Form in outside pocket of biohazard bag. There may be a Patient Consent form that should also be sent with specimen. Place biohazard bag into cardboard box. Close lid on box. Place box inside the supplied Lab Pack envelope and send to DSC- Referral Department. Call Referral Department at 403-770-3285 to inform them of same day delivery. 		
Referral Department	<ul style="list-style-type: none"> Complete way-bill as required. Package and ship as EXEMPT HUMAN SPECIMEN unless known to be Category B Ensure all paperwork is included in shipment. Sample should be shipped with FedEx – Use LifeLabs account # 544949608 <p>Ship To:</p> <p>LifeLabs Specimen Management 37 Voyager Court North Toronto, ON M9W 4Y2</p>		

COLLECTED BY:	FASTING (HOURS PC)	PATIENT COLLECTED SPECIMENS:	ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED	DATE OF COLLECTION: _____ YYYY-MMM-DD	
		TIME OF COLLECTION: ____ : ____ AM / PM (circle one)	