



| 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 | () - - - - |
| INVOICE TO | | | |
| CLINICAL DATA | | | |

SHADED AREAS ARE REQUIRED INFORMATION

ORDERING PHYSICIAN (Include Full Name, Client # and Provider #)

LifeLabs, Ontario
ORG: 05100
Provider: 009999A

FAX RESULTS TO: (Full Name and #) _____

COPY TO:

1) _____
 Last Name Full First Name Office Address/Location

2) _____
 Last Name Full First Name Office Address/Location

COUNSYL FAMILY PREP SCREEN

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|----------------------------------|---|
| 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> |
| PSC Data Entry | <p>Encounter Type: COMMUNITY Financial Class: COMPANY BILL Enter "LIFELABS, ONT" in <u>COMPANY NAME</u> field Orderable: KIT1</p> |
| Sample Requirements and 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 style="text-align: center;">LifeLabs 100 International Blvd. Toronto, ON M9W 6J6</p> |

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