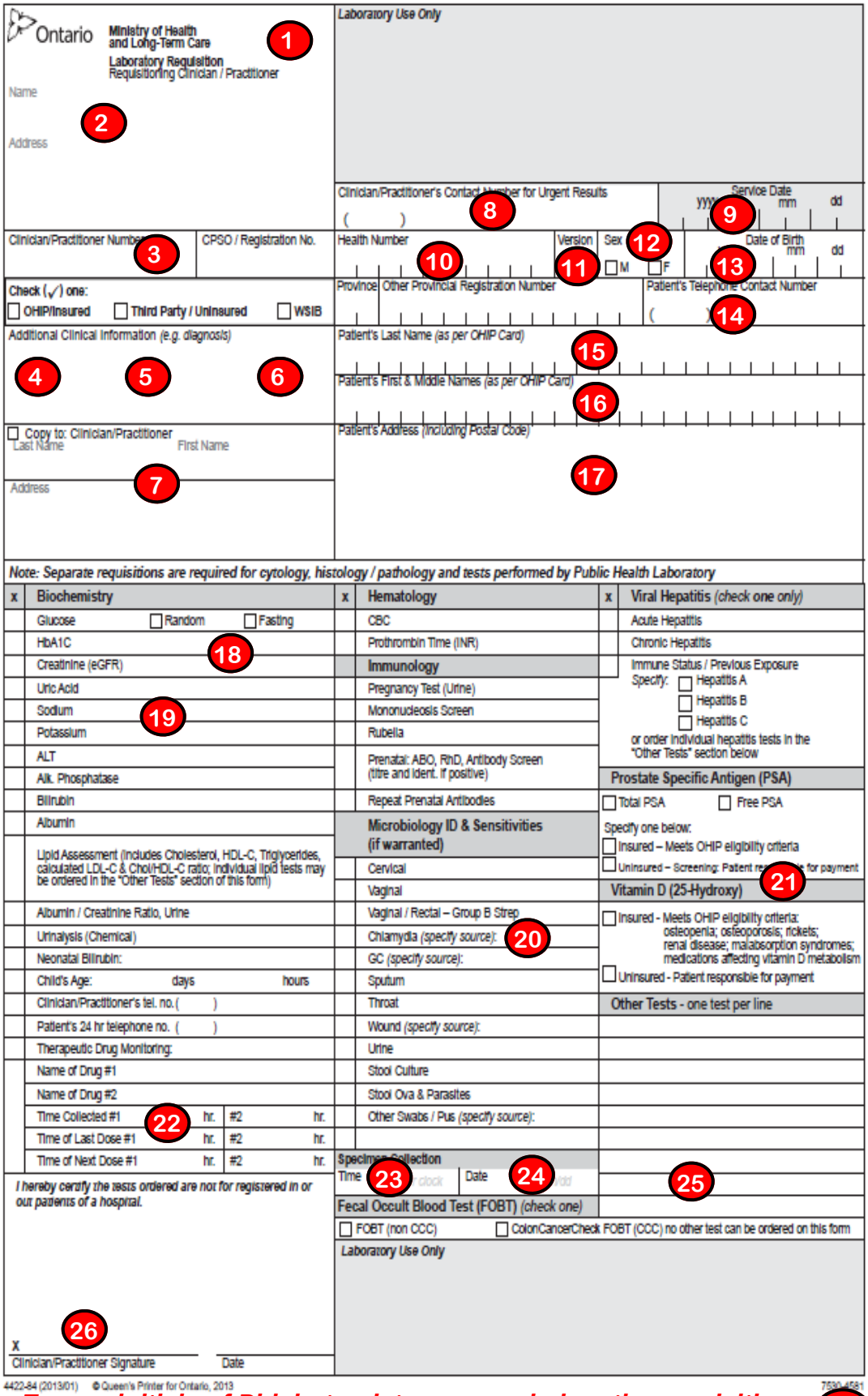
LifeLabs® OHIP Requisition Essential Information

MOHTLC Requisition Essential Information

To be completed fully and clearly by Client and Phlebotomist

NOTE: *Separate requisitions are required for cytology, histology/ pathology and tests preformed by Public Health Laboratory*



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Ensure initials of Phlebotomist are recorded on the requisition

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LEGEND

1. Phlebotomist initials
2. Ordering Client's name and address
3. Ordering Client's billing number
4. Reporting requirements (i.e. fax)
5. Test priority as determined by ordering Client
6. Any pertinent clinical information
7. "Copy to" Client's FULL NAME AND ADDRESS
8. Phone number(s) where ordering Client can be reached, including after hours number
9. Date of Service (yyyy-mm-dd)
10. Patient's current health card number
11. Patient's current version code
12. Patient's sex
13. Patient's date of birth (yyyy-mm-dd)
14. Patient's phone number
15. Patient's last name
16. Patient's first and middle names
17. Patient's address
18. Tests ordered (indicating fasting vs. random where required) MUST BE CLEAR AND LEGIBLE
19. Profile terminology cannot be used—individual tests must be listed separately
20. Indicate source
21. Indicate whether PSA or Vit. D is insured or uninsured
22. Time and date of last dose for therapeutic drugs
23. Time of collection (when applicable i.e. therapeutic drugs/urine collection (24 hour clock)
24. Date of collection (yyyy-mm-dd)
25. Record time in HOURS that have elapsed between last meal / drink (excluding water) and time of specimen collection
26. Signature of ordering Client or authorized designate and date signed