

# Guidelines for Submitting Samples to LifeLabs for Testing - Naturopath

1	Account Number	7	Provider license number
2	Account Name	8	Copy to physician and MSC# (if applicable)
3	Patient last name, first name, initial	9	Fasting, patient history, diagnosis or comments
4	Patient date of birth (dd/mm/yy)	10	Select tests from list on requisition
5	Gender	11	List other test(s) required
6	Provider name, address, phone number	12	Provider Signature and date

Misidentified patient samples are a patient safety risk as they may lead to delayed testing or the wrong diagnosis and treatment. Incomplete requisitions or improperly labelled samples may result in delays or test rejection. Requisition information and sample labels must match **exactly**.

Please ensure each specimen has two patient identifiers, and site of specimen noted, with the requested tests indicated on the requisition.

Name (Lastname, Firstname)	
Doe, Jane	
DOB (DD-MMM-YYYY)	PHN
16 May 1982	
Site of specimen	
Throat	
Date of collection	
15-Dec-2013	



Approved by: Medical Director - RMA	Current
Doc. Mgr.: Mgr - QRA - RMA	Ver: 3.0
Effective: 21-Nov-2018	Doc#45577
Uncontrolled When Printed	Printed: 21-Nov-2018 Page 1 of 1