



Laboratory Requisition – Specialty and Contract Services

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians

LifeLabs Medical Laboratory Services
3680 Gilmore Way Burnaby BC V5G 4V8
Tel: 604 507 5234

Test Summary Label	Client Summary Label	Demographic Label
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PRIVATE PAY <input checked="" type="checkbox"/> PATIENT <i>Patient address must be completed</i>	HUMAN PAPILLOMA VIRUS (HPV) TESTING
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Patient Name: Address: Telephone: PHN:	Date of Birth Day Month Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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Ordering Physician Name and MSC Number **MUST BE COMPLETED BY ORDERING DOCTOR** Dr. _____ MSP# _____ Address	Copy Report to	Specimen Collected by: Date & Time of Collection:
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Patient must pay at time of drop off.
****Medical Practitioner drop off, patients will be invoiced for cost of testing****

LifeLabs PSC Staff Enter: <input checked="" type="checkbox"/> HPV, 'IRL Ship sample ROOM TEMPERATURE with copy of requisition to Attn: Send outs-Specimen Management BRL
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Patient must sign requisition below.
By signing I acknowledge that a payment of \$90.00 to LifeLabs is required for the HPV test (Private health insurance plans may cover some of the cost).

Patient Signature: X _____

Physician Signature:	Date:
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LifeLabs collects, and uses personal information you provided for the medical services requested on this requisition and for quality assurance management. LifeLabs also discloses your personal information to healthcare practitioners involved in providing care to you or when required by law. LifeLabs complies with BC's Personal Information Protection Act. Our privacy policy is available at www.lifelabs.com. Samples may be referred to a testing laboratory outside of BC (to another province or USA).