GASTROINTESTINAL PATHOLOGY REQUISITION

CLEAR FORM

LifeLabs® Medical Laboratory Services

Requesting Clinician/Practitioner

Name

Address

Clinician/Practitioner Billing Number

Laboratory Use Only

Clinician/Practitioner Phone Number

Patient Chart Number

Health Card Number (HCN) | Version | Gender ☐ M ☐ F | Date of Birth YYYY / MO / DA

Province | Other Province's Registration Number | Patient Telephone Number

Copy to Clinician(s)/Practitioner(s) *(fill in all fields)*

Name Billing #

Address

Name Billing #

Address

Patient Last Name *(as per Health Card)*

Patient First & Middle Name *(as per Health Card)*

Patient Address *(including postal code)*

Date of Clinical Procedure YYYY / MO / DA

Specimen	Anatomic Site & Procedure	Clinical Data (diagnosis or differential diagnosis)	Endoscopic Findings
A			
B			
C			
D			
E			
F			
G			
H			

Total number of containers submitted with this requisition *(maximum 8)* _____ **Physician/Practitioner Signature** _____

Laboratory Use Only:

PRINT

For Inquiries, contact LifeLabs Customer Care Centre – Toll Free: 877-849-3637 or GTA: 416-675-3637