

## PULS (Protein Unstable Lesion Signature) Test Private Pay Test Requisition

PRINT IN ALL CAPITAL LETTERS. One (1) Test Requisition per patient. **IMPORTANT: Ensure Patient History & Risk Factors are completed.**

<b>Report-to Client:</b>	Physician OHIP # (ON) _____ Physician MSP # (BC) _____	<b>LifeLabs Demographic Label</b>
<b>Ordering Physician Name:</b>	_____	
<b>Ordering Physician Address and Contact Information:</b>	_____	
	Tel: _____ Fax: _____	
<b>Copy to Physician Address and Contact Information:</b>	_____	<b>LifeLabs Physician Summary Label (BC)</b>
	Tel: _____ Fax: _____	<b>LifeLabs Test List Label</b>
<b>Bill to:</b>	<b>Bill Type "PATIENT PAYS"</b> (patient to pay at time of service)	

PATIENT INFORMATION			
<b>Patient Last Name</b>	<b>Patient First Name</b>		
<b>Date of Birth</b> (YYYYMMDD) – ON; (DDMMYYYY) - BC	<b>Age</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Telephone Number</b>
<b>Patient Address</b>			

TEST REQUESTED		
<input checked="" type="checkbox"/> PULS (Protein Unstable Lesion Signature) Cardiac Test™	<u>Test Code (ON)</u> <b>5490</b>	<u>Mnemonic (BC)</u> <b>PULS</b>

PATIENT HISTORY & RISK FACTORS (must be completed by Physician or Patient)			
Height: _____ cm	Weight: _____ kg		
<b>Y N</b> <input type="checkbox"/> <input type="checkbox"/> <b>Smoker (Last 30 Days)</b> <input type="checkbox"/> <input type="checkbox"/> <b>Diabetic</b> <input type="checkbox"/> <input type="checkbox"/> <b>Family Hx of MI (Parent/Sibling/Child)</b> <input type="checkbox"/> <input type="checkbox"/> <b>Patient Hx of MI**</b>	<b>Y N</b> <input type="checkbox"/> <input type="checkbox"/> <b>Diabetes Medication</b> <input type="checkbox"/> <input type="checkbox"/> <b>Lipid lowering medication</b> <input type="checkbox"/> <input type="checkbox"/> <b>Hypertension (≥ 140/90 mmHg)</b> <input type="checkbox"/> <input type="checkbox"/> <b>Blood Pressure medication</b>		

PHYSICIAN SIGNATURE	
<b>X</b> _____ Date: _____ <input type="checkbox"/> Please check box if you do NOT want your de-identified sample used for research and quality control purposes.	

SPECIMEN INFORMATION (must be completed by LifeLabs staff or collection site)		
<b>Date Blood Collected:</b> (DDMMYYYY) _____	<b>Time Blood Collected:</b> (HH:MM) _____	<input type="checkbox"/> <b>FASTING</b> _____ hours prior to test  <input type="checkbox"/> <b>NON-FASTING</b>
<b>PHOTOCOPY REQUISITION AND INCLUDE ORIGINAL COPY WITH SAMPLES. SCAN A COPY AS A SUPPLEMENTAL DOCUMENT.</b>		