


## 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 performed by Public Health Laboratory

 <b>Ministry of Health and Long-Term Care</b> Laboratory Requisition Requisitioning Clinician / Practitioner		<b>Laboratory Use Only</b>																																																																																																																																																	
Name <b>2</b> Address <b>2</b>		Clinician/Practitioner's Contact Number for Urgent Results <b>8</b>																																																																																																																																																	
Clinician/Practitioner Number <b>3</b> CPSO / Registration No.		Service Date <b>9</b> (yyyymmdd)																																																																																																																																																	
Check (✓) one: <input type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Health Number <b>10</b> Version <b>11</b> Sex <b>12</b> Date of Birth <b>13</b> (mmdd)																																																																																																																																																	
Additional Clinical Information (e.g. diagnosis) <b>4</b> <b>5</b> <b>6</b>		Province/Other Provincial Registration Number <b>14</b> Patient's Telephone Contact Number																																																																																																																																																	
<input type="checkbox"/> Copy to: Clinician/Practitioner Last Name First Name		Patient's Last Name (as per OHIP Card) <b>15</b> Patient's First & Middle Names (as per OHIP Card) <b>16</b> Patient's Address (including Postal Code) <b>17</b>																																																																																																																																																	
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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