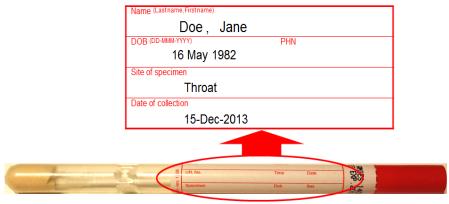
Guidelines for Submitting Samples to LifeLabs for Testing - Naturopath

Lyfe Labs [®]	Naturopathic Laboratory Requisi This requisition form, when co a referral to LifeLabs labor	ompleted, constitutes	
Test Summary Label	Client Summary Label	Demographic Label	
Account # Acco	ount Name:	2	
Patient Surname: 3 First Name: Patient Address: City	Initial(s): PHN (Do not bill M: , Province: Postal Code: Patie	4 Female	
Naturopathic Doctor Name:	License #: Copy 7	Report to: Date/Time of Collection: Phlebotomist:	
		Date/Time of Medication:	
Fasting No Yes 9 Hour	s Pregnant No Yes	Diagnosis/Comments:	
Patient must attend Lifelabs Pati	ient Service Centre - see www.lifelabs.co INDICATE TESTS REQUIRED WITH A		

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.



Approved by: Medical Director - RMA	Current	
Doc. Mgr.: Mgr - QRA - RMA		Ver: 3.0
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