

Completing Naturopath Requisition

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.

LifeLabs Naturopathic Laboratory Requisition - Assessment Tests
This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians

Test Summary Label		Client Summary Label		Demographic Label	
Account #	1	Account Name:		2	
<input checked="" type="checkbox"/> Bill to ACCOUNT					
Patient Surname:	3	First Name:	Initial(s):	PHN (Do not bill MSP)	Date of Birth (dd/mm/yy)
Patient Address:		City, Province:	Postal Code:	Patient Ph	Number:
Naturopathic Doctor Name:		License #:	Copy Report to:	Date/Time of Collection:	Phlebotomist:
6		7	8		
Fasting <input type="checkbox"/> No <input type="checkbox"/> Yes		9	Hours	Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes	Diagnosis/Comments:
Patient must attend Lifelabs Patient Service Centre - see www.lifelabs.com for locations and hours of operation.					
INDICATE TESTS REQUIRED WITH AN X OR ✓					

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

Note: Greyed fields are pre-populated on requisition, verify information is correct before ordering tests

Urea	10	Other Tests - Indicate here:	11
fasting (min 8 hrs fasting)			
/ Triglycerides / HDL / LDL			
Iron/TIBC			
Naturopathic Doctor Signature:		12	Date:
<small>Privacy Statement: The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide the services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required or permitted by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the E-Health Act and/or the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts. Our privacy policies are available at www.bcbio.com and www.lifelabs.com.</small>			
LifeLabs Medical Laboratory Services 3680 Gilmore Way Burnaby, BC V5G 4V8 Tel: 1-866-370-5227			
This LifeLabs requisition is valid within British Columbia only			
Ver: November 2018			

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