LifeLabs®

OHIP Requisition Essential Information

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*

Ontario

Ministry of Health and Long-Term Care
Laboratory Requisition
Requisitioning Clinician / Practitioner

1

Name

Address 2

Clinician/Practitioner Number 3 CPSO / Registration No.

Check (✓) one: OHIP/Insured Third Party / Uninsured 4 WSIB

Additional Clinical Information (e.g. diagnosis)

5

Copy to: Clinician/Practitioner
Last Name First Name 6
Address

Laboratory Use Only

Clinician/Practitioner's Contact Number for Urgent Result 7 8 Service Date yyyy mm dd

Health Number | Version | Sex M F | Date of Birth yyyy mm dd

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

Patient's Last Name (as per OHIP Card)

Patient's First & Middle Names (as per OHIP Card)

Patient's Address (including Postal Code)

9

Note: Separate requisitions are required for cytology, histology / pathology, ColonCancerCheck FIT test, and tests performed by Public Health Laboratory

x	Biochemistry
	Glucose 10 Random Fasting
	HbA1C
	Creatinine (eGFR)
	Uric Acid
	Sodium 11
	Potassium
	ALT
	Alk. Phosphatase
	Bilirubin
	Albumin
	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)
	Albumin / Creatinine Ratio, Urine
	Urinalysis (Chemical)
	Neonatal Bilirubin:
	Child's Age: days hours
	Clinician/Practitioner's tel. no.
	Patient's 24 hr telephone no.
	Therapeutic Drug Monitoring:
	Name of Drug #1
	Name of Drug #2 12
	Time Collected #1 hr. #2 hr.
	Time of Last Dose #1 hr. #2 hr.
	Time of Next Dose #1 hr. #2 hr.

x	Hematology
	CBC
	Prothrombin Time (INR)
	Immunology
	Pregnancy Test (Urine)
	Mononucleosis Screen
	Rubella
	Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)
	Repeat Prenatal Antibodies
	Microbiology ID & Sensitivities (if warranted)
	Cervical
	Vaginal
	Vaginal / Rectal – Group B Strep
	Chlamydia (specify source):
	GC (specify source):
	Sputum
	Throat
	Wound (specify source):
	Urine
	Stool Culture
	Stool Ova & Parasites
	Other Swabs / Pus (specify source):

x	Viral Hepatitis (check one only)
	Acute Hepatitis
	Chronic Hepatitis
	Immune Status / Previous Exposure Specify: Hepatitis A, Hepatitis B, Hepatitis C or order individual hepatitis tests in the "Other Tests" section below

Prostate Specific Antigen (PSA)

Total PSA Free PSA

Specify one below:

Insured – Meets OHIP eligibility criteria

Uninsured – Screening: Patient responsible for payment

Vitamin D (25-Hydroxy) 13

Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism

Uninsured - Patient responsible for payment

Other Tests - one test per line

14

I hereby certify the tests ordered are not for registered in or out patients of a hospital.

16

x
Clinician/Practitioner Signature Date

Specimen Collection
Time 15 Date

Laboratory Use Only

1

4422-84 (2019/05) © Queen's Printer for Ontario, 2019 7530-4581

LEGEND	
1	Phlebotomist's Initials
2	Ordering Client's Name and address
3	Ordering Client's Billing Number
4	Specify whether Patient is OHIP/Insured or Third Party/Uninsured
5	Reporting Requirements / Test Priority / Any pertinent clinical Information
6	"Copy to" Client's FULL NAME & ADDRES
7	Phone number(s) where ordering Client can be reached, including after-hours number
8	Date of Service: (yyyy-mm-dd)
9	Patient's Information *** Fill in all required information**
10	Indicate if Random or Fasting where required
11	Profile terminology cannot be used – individual tests must be listed separately
12	Time and Date of last dose and collection for therapeutic drugs
13	Indicate whether PSA or Vit. D is insured or uninsured
14	Record time in HOURS that have elapsed between last meal / drink (excluding water) and other tests requested
15	Record Time and Date of Collection
16	Signature of ordering Client or authorized designate and date signed

Ensure initials of Phlebotomist are recorded on the requisition

For Inquires, contact LifeLabs Customer Care Centre 1-877-849-3637