

SMARTVascular Dx Private Pay Test Requisition

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

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

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

TEST REQUESTED		
<input checked="" type="checkbox"/> SMARTVascular Dx	<u>Test Code (ON)</u> 5490	<u>Mnemonic (BC)</u> SMTVD

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

PHYSICIAN SIGNATURE	
X _____ 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)		
Date Blood Collected: (DDMMYYYY) _____	Time Blood Collected: (HH:MM) _____	<input type="checkbox"/> FASTING _____ hours prior to test <input type="checkbox"/> NON-FASTING
PHOTOCOPY REQUISITION AND INCLUDE ORIGINAL COPY WITH SAMPLES. SCAN A COPY AS A SUPPLEMENTAL DOCUMENT.		