



Online Shopping Cart

Laboratory Requisition
This requisition form, when completed, constitutes
a referral to LifeLabs laboratory physicians

Order ID #

Test Summary Label	Client Summary Label	Demographic Label
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Bill to Account #: A8972

Patient Name: Address: Telephone:	PHN:	Date of Birth Day Month Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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Ordering Practitioner Must be completed and signed by a licensed healthcare practitioner	Copy Report to	Specimen Collected by: Date & Time of Collection:
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Fasting <input type="checkbox"/> No <input type="checkbox"/> Yes - hours	Diagnosis/Comments:
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PSC Staff Enter:

(mnemonic):

Enter Order ID (from top of requisition) in Order ID field

Practitioner Signature:	Date:
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LifeLabs collects, and uses personal information you provided for the medical services requested on this requisition and for quality assurance management. LifeLabs also discloses your personal information to healthcare practitioners involved in providing care to you or when required by law. LifeLabs complies with BC's Personal Information Protection Act. Our privacy policy is available at www.lifelabs.com. Samples may be referred to a testing laboratory outside of BC (to another province or USA).