



Order ID #

CONTRACT NUMBER:	AL628	Demographic and Billing Label (For LifeLabs Use Only)
Ordering Healthcare Provider's Name and Address:	_____ _____ _____	
Bill Type:	Contract	Test List Label (For LifeLabs Use Only)
Bill to Client No.:	AL628	
Patient Last Name		Patient First Name
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Date Collected (YYYYMMDD)		Time Collected (HH:MM)
TESTS REQUESTED		
<input checked="" type="checkbox"/>		

*****Unsigned requisitions will not be accepted*****

HEALTHCARE PROVIDER'S SIGNATURE REQUIRED	
<u>X</u> _____	Date: _____

THIS REQUISITION IS VALID IN ONTARIO ONLY