



Laboratory Requisition

Label		Label		Label			
<input checked="" type="checkbox"/> Bill to Patient (Private Pay)							
Patient's Last Name: _____		First: _____	Middle: _____	Date of Birth: _____ / _____ / _____	Sex: _____		
Address: _____				YYYY	MM	DD	<input type="checkbox"/> Female
Postal Code: _____		Telephone: _____				<input type="checkbox"/> Male	
Health Card Number: _____						<input type="checkbox"/> Unknown	
Ordering Healthcare Provider's Name, Address and Number Must be completed by an authorized ordering healthcare practitioner		Copy Report to		Specimen Collected by: _____ <i>INITIALS</i>			
				Collection Date: _____ / _____ / _____ DD MM YYYY			
				Time (24hr Clock) : _____ : _____ (HH:MM)			
		Diagnosis/Comments:					
Patient must attend a LifeLabs Patient Service Centre. Visit www.lifelabs.com for locations, hours of operation and appointment only centres. Patient must provide a sample at the Patient Service Centre. For p-tau217 testing, patients should be cautioned to stop biotin consumption at least 72 hours prior to collection of a sample							
Ordering HCP Staff Enter: Please check the boxes below to order the specific tests for your patient.							
Phosphorylated tau217(p-tau217), Plasma (Test Code = 5637)							
Apolipoprotein E (ApoE) Isoform, Plasma (Test Code = 5638)							
Beta-Amyloid 42/40 Ratio, Plasma (Test Code = 5639)							
PSC Staff Enter: This requisition is for the Alzheimer's testing (Uninsured) LifeLabs® (TC #5637, 5638, 5639) ONLY; additional tests may not be added. Only order the tests that have been checked in the above section.							
PSC Specimen Collection Instructions: Check specimen handling requirements for each test.							
Physician Signature: _____			Date: _____				
The minimum amount of patient information is collected for provision of the service requested. This information is considered confidential and privileged. Unauthorized use and disclosure is prohibited.							