

Laboratory Requisition

Label	Label		I	Label		
☑Bill to Patient (Private Pay)						
Patient's Last Name: First:		[Middle:	Date of Birth:		Sex:
Address:				/_	/	Female Male
Postal Code:	Telephone:					Unknown
Health Card Number:						
Ordering Healthcare Provider's Name, Address and Number Must be completed by an authorized ordering healthcare practitioner		Copy Rep	Copy Report to		Specimen Collected b	initials
					Collection Date:	_/ /
					Time (24hr Clock) :	
						(
			/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	n 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.						