



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

LifeLabs
3680 Gilmore Way
Burnaby BC V5G 4V8

Test Summary Label		Client Summary Label		Demographic Label	
<input checked="" type="checkbox"/> Bill to Patient (Private Pay) *Patient address must be completed*		HUMAN PAPILLOMA VIRUS (HPV) TESTING			
Patient Surname: _____		First: _____	Middle: _____	Date of Birth: _____	Sex: _____
Address: _____				____ / ____ / ____ DD MMM YYYY	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
Postal Code: _____		Telephone: _____			
PHN: _____					
Ordering Physician Name, MSC Number and Address Must be completed by an authorized ordering healthcare practitioner		Copy Report to _____		Specimen Collected by: _____ INITIALS	
				Collection Date: ____ / ____ / ____ DD MMM YYYY	
				Time (24hr Clock) : ____ : ____ (HH:MM)	
PATIENT MUST PAY AT TIME OF DROP OFF. Visit www.lifelabs.com for locations and hours of operation.					
If dropped off by Medical Practitioner, patient will be invoiced for cost of testing					
LifeLabs PSC Staff Enter:					
<input checked="" type="checkbox"/> HPV, 'IRL					
Ship sample ROOM TEMPERATURE with copy of requisition to Attn: Send outs-Specimen Management BRL					
Patient must sign requisition below.					
<i>By signing, I acknowledge that payment for the cost of testing is payable to LifeLabs and is required for the HPV test (Private health insurance plans may cover some of the cost).</i>					
Patient Signature: X _____					
Physician Signature: _____			Date: _____		
<small>We collect use and disclose your personal information in accordance with British Columbia privacy laws. We only collect and use your personal health information: to verify your identity; accurately match your specimen with your results; follow-up for testing; enable payment; use of specimen for quality assurance and book and confirm appointments. We may also use population-level, aggregate information to evaluate our performance, contribute to health system improvement and to support market research. We disclose your results information to healthcare practitioners involved in providing care. If we are asked to disclose personal health information about you for another reason, other than as required or permitted by law, we will contact you to obtain your consent. Our privacy policy is available at www.lifelabs.com. Samples may be referred to a testing laboratory outside of British Columbia (to another province or Country). By agreeing to move forward with the laboratory test, you agree to the terms set out above</small>					