



## Laboratory Requisition

Label		Label		Label	
<input checked="" type="checkbox"/> <b>Bill to Patient (Private Pay)</b>					
Patient's Last Name:		First:	Middle:	Date of Birth:	Sex:
Address:				____ / ____ / ____ YYYY MM DD	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
Postal Code:	Telephone:				
Health Card Number:					
Ordering Healthcare Provider's Name, Address and Number <b>Must be completed by an authorized ordering healthcare practitioner</b>		Copy Report to		Specimen Collected by: _____ INITIALS	
				Collection Date: ____ / ____ / ____ DD MM YYYY	
				Time (24hr Clock) : ____ : ____ (HH:MM)	
		Diagnosis/Comments:			
<b>Patient must attend a LifeLabs Patient Service Centre. Visit <a href="http://www.lifelabs.com">www.lifelabs.com</a> for locations, hours of operation and appointment only centres.</b>					
<b>Patient must provide a sample at the Patient Service Centre.</b>					
<b>Ordering HCP Staff Enter:</b> Please check the boxes below to order the specific tests for your patient.					
*ABeta 42/40 and p-tau217 Evaluation, Plasma (Test code = 5089)					
Beta-Amyloid 42/40 Ratio, Plasma (Test Code = 5639) – <i>included in ABeta 42/40 and p-tau Evaluation</i>					
*Phosphorylated tau217 (p-tau217), Plasma (Test Code = 5637) – <i>included in ABeta 42/40 and p-tau Evaluation</i>					
Apolipoprotein E (ApoE) Isoform, Plasma (Test Code = 5638)					
Phosphorylated tau181 (p-tau181), Plasma (Test code = 5640)					
*Neurofilament Light Chain (NfL), Plasma (Test code = 5641)					
*Glial Fibrillary Acidic Protein (GFAP) (Test Code = 6592)					
<b>*For these tests, patients should be cautioned to stop biotin consumption at least 72 hours prior to collection of a sample</b>					
<b>PSC Staff Enter:</b> This requisition is for the Alzheimer's testing (Uninsured) LifeLabs® (TC #5089, 5637, 5638, 5639, 5640, 5641) ONLY; additional tests may not be added. Only order the tests that have been check marked in the above section.					
<b>PSC Specimen Collection Instructions:</b> 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.					