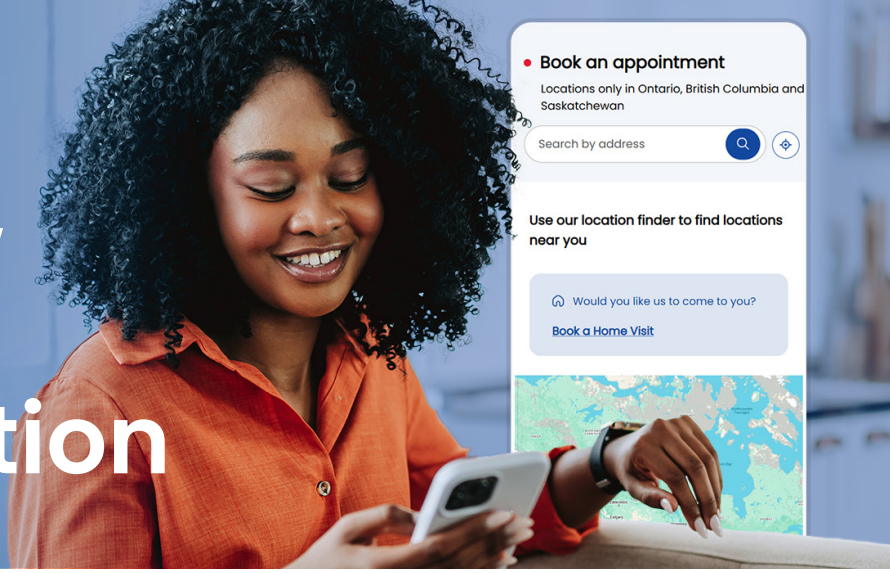
February 2026

inside Diagnostics

THE NEWSLETTER FOR HEALTHCARE PROVIDERS

LifeLabs® EMPOWERING HEALTHIER CANADIANS FOR OVER 60 YEARS

Introducing LifeLabs' New Appointment Booking Solution



Alexandra Burza,
Senior Communications Specialist
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Lifelabs, ON

LifeLabs is pleased to introduce our new appointment booking and management solution, available to all healthcare providers and customers.

In developing our new appointment booking platform, we have carefully reviewed feedback from our customers to understand how we can improve our appointment booking process today and prepare for further growth in the future.

Customers and healthcare providers will experience a modernized and intuitive appointment booking portal, providing more booking options and user-friendly features with fewer clicks. The booking system can be found below:

Book Appointment

What to Expect:

Self-Serve Specialty Appointments

Customers can book specialty appointments directly through the platform using the same process as they would for a non-specialty appointment. Moving forward, customers will not need to place a call to LifeLabs to arrange for most types of specialty appointments.

Same-Day Appointments

This feature allows customers to search for and book same-day appointments at all PSC locations nationally. Every Patient Service Centre will release a set number of same-day appointments throughout the day, two hours before the appointment time.

Standardized Intake Options Across Canada

All Patient Service Centers will now offer both appointments and walk-in visits, contributing to a consistent customer experience at every location.

Improved Search Filters

Customers can directly search for appointments on a specified date, and sort available appointments by PSC proximity, earliest availability and shortest walk-in wait time.

Enhanced Insights

Upon booking, customers will be provided with an estimated service duration time to better prepare them for their appointment. Our teams will also have access to a new patient prioritization tool, enabling us to determine patient priority based on time waited at our Patient Service Centre.

For our LifeLabs teams, the new system offers improved tools to support operational consistency, resource management and optimized workflows, contributing to a more reliable and efficient customer experience at our Patient Service Centers.

Thank you for your continued trust and cooperation as we are striving to enhance our delivery service. We look forward to better serving you and your patients with LifeLabs' improved appointment booking solution.

An Upgraded Requisition for Holter & ABPM

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Lifelabs, ON

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We are pleased to introduce a new and improved requisition for Holter Monitoring and Ambulatory Blood Pressure Monitoring (ABPM). Designed to make ordering simpler and more effective, the enhancement supports a smoother ordering process and ensures comprehensive results for your patients.

The following key features have been included in the new requisition form:

- Monitoring duration: HCPs can now select the duration of Holter monitoring (72 hours, 14 days, or others – 24 hours or 48 hours) or ABPM monitoring (24 hours).
- The "Reason for ordering".
- List of the patient's current medications.
- HCPs can specify if the patient has a pacemaker or an implanted cardiac defibrillator.

These newly added details will help us deliver clear insights and support better-informed care decisions for your patients.

Results are now available to you electronically if your Electronic Medical Record (EMR) is integrated with LifeLabs. Please contact your EMR vendor to verify status.

Figure 1: Screen shot of the new and improved Cardiac Services Requisition (partial view):

LifeLabs

Cardiac Services Requisition (ON)

Holter and Ambulatory Blood Pressure Monitoring

APPOINTMENTS CAN BE MADE BY CALLING **1-877-849-3637**

LifeLabs labels

Ordering healthcare provider information	**Patient information**
Billing number: Name: Address: No Street City Province Postal code Telephone: Fax:	Last name (as per OHIP card): First name (as per OHIP card): Date of birth: MM/DD/YYYY Sex: ☐F ☐M ☐Other Address: No Street City Province Postal code Telephone:
☐ Copy to: Clinical/Practitioner Last name: First name: Address:	Health card #: Version:

Holter Monitoring - *To be filled by the ordering healthcare provider*

Holter Monitoring options	**Indications**	
Please check off the testing option you would like to order for your patient: ☐ **72 hours** (e.g., post MI or stroke) ☐ **14 days** (e.g., Atrial fibrillation) ☐ **Other (24 hours, 48 hours)** If other is selected, please specify the duration _____	☐ Abnormal ECG ☐ Palpitations ☐ Syncope / Fainting Spells ☐ Presyncope / Light-headedness ☐ Chest Pain / Shortness of Breath ☐ Fatigue / Weakness ☐ R/O Atrial Fibrillation / Flutter ☐ Atrial Fibrillation Rate Control	☐ Sports cardiology ☐ Unexplained stroke / TIA ☐ Post MI / Valve procedure ☐ Medication effect ☐ Ventricular Arrhythmia ☐ Pacemaker ☐ VVI ☐ DDD ☐ Other: _____ _____

Ambulatory Blood Pressure Monitoring (ABPM)* - *To be filled by the ordering healthcare provider*

	Indications
☐ **24-Hour Ambulatory Blood Pressure Monitoring (ABPM)** *There is a **$85** fee for ABPM. It is not covered by OHIP.	☐ Obtain baseline (e.g. fluctuating readings, suspected hypertension, episodic or white-coat hypertension) ☐ Drug-resistant hypertension suspected ☐ Patient experiencing hypotensive symptoms with antihypertensive therapy ☐ Patient exhibiting autonomic dysfunction

Current medications

☐ Pacemaker ☐ Implanted cardiac defibrillator

X_____ _____
Clinician/Practitioner signature Date

For any inquiries, please contact Cardiac Services: oncardiac@lifelabs.com

Download the new requisition

LifeLabs cardiac monitoring services

The **Holter monitor** is a lightweight wearable device that continuously records heart rhythm for 24, 48, 72 hours or extended periods up to 7 or 14 days to support arrhythmia detection and identify irregularities missed by standard ECGs. It is OHIP covered.

The **Ambulatory blood pressure monitor (ABPM)** is a non-invasive wearable device that records blood pressure every 30 minutes during the day and hourly at night over 24 hours, providing insight into daily blood pressure fluctuations. It is not OHIP covered.

Patients can book Holter Monitoring and ABPM appointments online or by calling **1-877-849-3637.**

If you have any inquiries, please contact Cardiac Services: oncardiac@lifelabs.com

We appreciate your continued trust in LifeLabs for cardiac diagnostics and look forward to further supporting your practice.

New Educational Modules: hs-Troponin T Test for Cardiovascular Risk Assessment

Monika Purov,
Product Manager
Priyanka Mehrotra,
Senior Manager, Marketing
Lifelabs, ON

We are pleased to introduce a **series of short, educational videos** spotlighting the high sensitivity cardiac **Troponin T (hs-cTnT) Test for cardiovascular risk assessment.** In this series Dr. Brett Heilbron, Cardiologist, based at Saint Paul's Hospital in British Columbia, talks about how hsTnT, traditionally used in acute care, can be used in outpatient settings for cardiovascular risk assessment. Discover how this well-established biomarker is transforming early risk detection of future cardiac events in asymptomatic patients, enabling earlier intervention and improving clinical outcomes[1-3]

View the Modules

IMPORTANT: This test is NOT for emergency use. Patients with symptoms suggestive of acute coronary syndrome should be directed to the emergency department.

Module 1:
The Hidden Burden
Why Early Risk Detection in CVD Matters

Understand the significant impact of cardiovascular disease (CVD) in Canada, claiming over 75,000 lives annually. Learn why early detection is crucial in managing CVD risk. This video sets the stage for understanding the importance of hs-cTnT in cardiovascular risk assessment.

Module 2:
Beyond the Emergency Room
Rethinking Troponin in the Outpatient Setting

Discover how hs-cTnT assays can detect low levels of Troponin T in asymptomatic patients, revolutionizing cardiovascular risk assessment beyond emergency settings. Understand the shift towards proactive prevention strategies.

Module 3:
Real-World Clinical Use
Who to Test, When, and Why

Learn how to identify asymptomatic adults who might have hidden cardiovascular risk using hs-cTnT testing. Understand the patient profiles that benefit most from this test, including those with mild hypertension, pre-diabetes, and family history of CVD.

Module 4:
Early Clues, Better Outcomes
Why Hs Troponin T Delivers

Explore how even low-level elevations of hs-cTnT can predict future cardiovascular events. Understand the predictive value of this test in improving patient outcomes through early intervention.

Module 5:
Ready to Use
Bringing Hs Troponin T Into Everyday Practice

Get practical guidance on integrating hs-cTnT testing into your clinical practice. Learn about the availability of this test at LifeLabs locations in Ontario, pricing, and how to order.

Why Use the High Sensitivity Troponin T Test for Cardiovascular Risk Assessment?

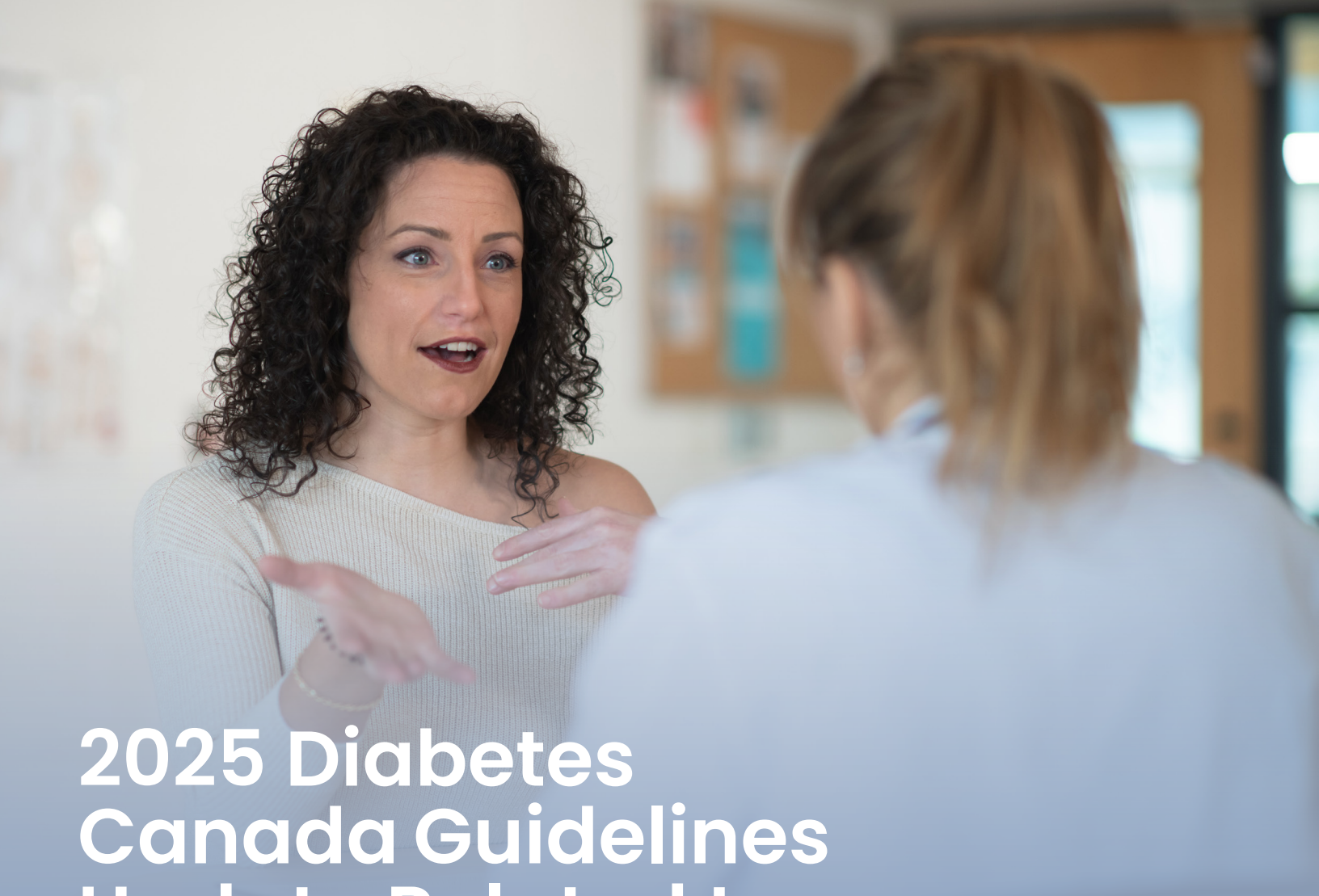
- **Clinically Proven** – A well-established biomarker, now available for cardiovascular risk assessment in asymptomatic patients (≥6 ng/L for both males and females confers increased CVD relative risk).
- **Enhanced Risk Stratification** – Improves identification of low, intermediate, and high-risk CVD patients in an outpatient setting.
- **Proactive Intervention for Better Outcomes** – Elevated hs-cTnT levels signal the need for early management of blood pressure and lipid levels, guiding further cardiovascular evaluation.
- **Accessible & Affordable** – Available at all LifeLabs Patient Service Centres in Ontario, with a cost-effective price of $35.

How to order

- Write "Hs Troponin T (Non-Acute)" in the "Other Tests" section of a standard MOH requisition.
- Direct patients to any LifeLabs Patient Service Centre for sample collection and payment.

REFERENCES:

1. Oluleye OW, Folsom AR, Nambi V, Lutsey PL, Ballantyne CM; ARIC Study Investigators. Troponin T, B-type natriuretic peptide, C-reactive protein, and cause-specific mortality. Ann Epidemiol. 2013 Feb;23(2):66-73.
2. Seliger SL, Hong SN, Christenson RH, Kronmal R, Daniels LB, Lima JAC, de Lemos JA, Bertoni A, deFilippi CR. High-Sensitive Cardiac Troponin T as an Early Biochemical Signature for Clinical and Subclinical Heart Failure: MESA (Multi-Ethnic Study of Atherosclerosis). Circulation. 2017 Apr 18;135(16):1494-1505.
3. Willeit P, Welsh P, Evans JDW, Tschiderer L, Boachie C, Jukema JW, Ford I, Trompet S, Stott DJ, Kearney PM, Mooijaart SP, Kiechl S, Di Angelantonio E, Sattar N. High-Sensitivity Cardiac Troponin Concentration and Risk of First-Ever Cardiovascular Outcomes in 154,052 Participants. J Am Coll Cardiol. 2017 Aug 1;70(5):558-568.



2025 Diabetes Canada Guidelines Update Related to CKD and MASLD

Nader Boctor, MBBCh MSc DipM,
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Diabetes Canada published a new chapter on "Diabetes and Metabolic Dysfunction associated Steatotic Liver Disease in Adults".[1,2] Also, they provided an update to the 2025 Chronic Kidney Disease in Diabetes chapter of its guidelines.[3] Those two important additions reflect the importance of managing chronic kidney disease (CKD) and Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD), as very common complications associated with Type 2 diabetes. The guidelines additionally educate on actionable diagnostic / prognostic tools (e.g. KFRE and Klinrisk in CKD, FIB-4 and ELF in MASLD) that can be integrated into routine practice.

As a practicing healthcare provider, these updates equip you to detect and intervene earlier, potentially preventing dialysis, liver failure, and cardiovascular events.

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Chronic Kidney Disease

CKD affects up to 40% of people with diabetes and is a major contributor to cardiovascular disease and dialysis risk. The updated guidelines aim to prevent end-stage kidney disease through earlier detection and optimized therapy.

The new update emphasizes the importance of annual screening of patients with diabetes using eGFR and urine albumin-to-creatinine ratio (uACR). It also recommends applying the Kidney Failure Risk Equation (KFRE) for patients with CKD stages G3–G5 to predict 5-year risk of dialysis.

Furthermore, The Diabetes Canada 2025 guidelines acknowledge the Klinrisk Score as a valuable tool for risk stratification in chronic kidney disease (CKD), especially in patients with diabetes.

The Klinrisk Score is an AI-based risk prediction tool that uses routine blood and urine test results to estimate the 5-year risk of CKD progression. It complements traditional measures like eGFR and uACR, offering a more nuanced view of disease trajectory.

Klinrisk clinical utility includes:

1. It is useful to detect risk in asymptomatic patients with diabetes or hypertension who may not yet meet CKD diagnostic thresholds.
2. Enables proactive management before irreversible damage occurs.
3. Helps avoid undertreatment of high-risk patients and overtreatment of low-risk patients.
4. Supports decisions around appropriate prescription of SGLT2 inhibitors, GLP-1 receptor agonists, or MRAs.[4]

Klinrisk Risk Categories

- **Low Risk:** 0–5% chance of progression over 5 years
- **Medium Risk:** 6–24%
- **High Risk:** ≥25%

This stratification helps identify patients who may benefit from early intervention or specialist referral, even before significant kidney function decline is evident.

> **Klinrisk is available in Ontario through LifeLabs, with expansion planned for other provinces.**

Klinrisk Special Requsition:

Download Now

As a practicing healthcare provider, Klinrisk will help you to:

1. Improve risk communication with patients
2. Support guideline-based care by aligning with Diabetes Canada's emphasis on early CKD detection and risk stratification
3. Reduce unnecessary referrals and enhance timely specialist involvement for high-risk cases.

Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)

MASLD- previously known as Non-alcoholic Fatty Liver disease- affects ~70% of people with Type 2 diabetes. It's a leading cause of liver fibrosis, cirrhosis, and hepatocellular carcinoma, and is strongly linked to cardiovascular mortality.

The guideline recommends Fibrosis-4 Index (FIB-4) as an initial screening for ***all*** patients with prediabetes or Type 2 diabetes.

Managing the patient will depend on the results of FIB-4 index:

4. **FIB-4 <1.3. Low risk of fibrosis:** Manage in primary care with lifestyle and Diabetes optimization.
5. **FIB-4 1.3–2.67. Intermediate risk:** Consider further testing (e.g. ELF)
6. **FIB-4 >2.67. High risk of advanced fibrosis:** Refer to hepatology for further evaluation and management.

FIB-4 is calculated using *routine lab values*:

- **Age**
- **AST (Aspartate Aminotransferase)**
- **ALT (Alanine Aminotransferase)**
- **Platelet count**

You can calculate FIB-4 using online calculators and alternatively, for convenience, you can order it as a separate test from LifeLabs.

The ELF Test (Enhanced Liver Fibrosis Test) is a non-invasive blood test used to assess the risk of advanced liver fibrosis. The Diabetes Canada 2025 guidelines support the use of ELF in combination with FIB-4 to improve detection of advanced fibrosis and guide care pathways particularly in patients with MASLD.

As a practicing healthcare provider, ELF testing offers you many advantages:

- Non-invasive and accessible: Available in Canada (e.g., through LifeLabs in Ontario and BC).
- Improves early detection: Helps identify patients at risk of cirrhosis before symptoms appear.
- Reduces unnecessary referrals: Can help avoid specialist visits for low-risk patients.
- Supports proactive management: Enables earlier lifestyle and pharmacologic interventions.

What Does the ELF Test Measure?

It evaluates three **direct biomarkers of liver fibrosis:**

1. **Hyaluronic Acid (HA)**
2. **Procollagen III Amino-Terminal Peptide (PIIINP)**
3. **Tissue Inhibitor of Metalloproteinase 1 (TIMP-1)**

These markers reflect **extracellular matrix remodeling,** which is central to fibrosis progression.

Points to Remember

- Screen all patients with Diabetes with FIB-4 to assess the risk of liver fibrosis, then manage based on results.
- ELF Test (Enhanced Liver Fibrosis) is recommended for further risk stratification when FIB-4 is indeterminate.
- Annual screening for CKD in all patients with diabetes using eGFR and uACR should be done.
- Use the Kidney Failure Risk Equation (KFRE) to predict 5-year dialysis risk in CKD stages G3-G5.
- Klinrisk Score introduced as an AI-based tool for CKD progression risk especially at earlier stages of CKD (Stages G1-3) using routine labs.
- LifeLabs offers all the above tests in Ontario.
- Klinrisk, FIB-4 and EFL tests are not insured by OHIP.

REFERENCES:

1. Kim, James et al. Diabetes and Metabolic Dysfunction-associated Steatotic Liver Disease in Adults: A Clinical Practice Guideline. Can J Diabetes 49 (2025) 222-236
2. https://www.merckmanuals.com/home/liver-and-gallbladder-disorders/hepatitis/overview-of-chronic-hepatitis#Causes_v759643
3. Tobe, Sheldon et al. Chronic Kidney Disease in Diabetes: A Clinical Practice Guideline. Can J Diabetes 49 (2025) 73-86
4. Klinrisk https://www.klinrisk.com/

(Written with co-pilot support).

A new and improved allergy test requisition form

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LifeLabs Ontario has updated the Allergen Requisition Form to enhance clarity, usability, and operational efficiency for both health care providers (HCPs) and internal teams. The new form aligns with the BC version as part of our broader effort to align practices across provinces and support evolving clinical needs for HCPs who operate nationally.

The updated requisition includes several other improvements that will support our HCPs:

- **Improved Layout and Ease of Use:** The form layout has been restructured to make it more intuitive and easier to use for HCPs, reducing errors and improving efficiency in ordering allergen tests.
- **Streamlined Allergen Listing:** We've removed allergens that were not being ordered regularly so that more commonly ordered allergens can be added to the requisition form instead.
- **Common Allergic Rhinitis Allergens Incorporation:** Common allergic rhinitis allergens have been incorporated to reflect the growing clinical use of sublingual immunotherapy (SLIT) in Canada.
- **Enhanced Result Interpretation:** New interpretative comments have been added to help HCPs better understand and apply specific allergen IgE results in clinical practice.

Allergen Test Menu

Most of the allergen test menu is unchanged. Additional improvements and clarifications include the following:

a. Changes in the Upgrated Version

- The new requisition form is organized into alphabetical tables and clearly separated headers (e.g., Food, Mould, Trees, Weeds), improving readability and navigation.

- Mould and Yeast allergens are now separated, providing clearer categorization.
- Dust and Mites as well as animal allergens have been reorganized under the broader Inhalants category.
- Grass pollen, Weeds, and Tree allergens have been placed under more distinct headings.
- Allergen mixes previously grouped together are now integrated directly into their corresponding allergen categories (e.g., Tree Mix 1 is now grouped under Tree allergens).
- The previous Mix2 allergen panel has been renamed Mould Mix and placed under the Mould category for consistency.

b. New Additions

- Children's Food Mix (fx5) (Egg white, Milk, Wheat, Peanut, Soybean, Cod) has been added to the Food category.
- Nut Mix (fx1) (Peanut, Hazelnut, Almond, Coconut, Brazil Nut) has been added to the Food category.
- Seafood Mix (fx2) (Cod, Tuna, Shrimp, Mussel, Salmon) has been included in the Food category.
- Meadow Grass / Kentucky Blue (g8) has been added under Grass allergens.
- Comments to help with the interpretation of specific allergen IgE results

c. Items Removed

- Chlorhexidine (c8) has been removed from the new form.
- Bermuda Grass (g2) and Sweet Vernal Grass (g1) have been removed from the Grass allergen category.
- DI-Isocyanate (k76) and HDI-Isocyanate (k77) have been removed from the Occupational allergens section.

Healthcare providers can access the updated requisition form below.

Download Requisition

Learn more about allergy testing

Allergen testing measures immunoglobulin IgE targeted to specific antigens, as listed on the requisition. For example, a test for Common Wasp (yellow jacket), measures a patient's IgE targeted to known antigenic proteins from Yellow Jacket Wasp because of exposure. These IgE are commonly referred to as allergen specific IgE. Results from allergen specific IgE are quantitative and are currently reported in a range of 0.35 to 100 kU/L.

Clinical significance of allergy testing

Allergen specific IgE test results can guide health care professionals in their clinical investigation of IgE mediated allergy in patients. This is also useful both in the initial investigation of allergy, as well as monitoring patients with a diagnosis. Allergen specific IgE testing should not be used in isolation for the diagnosis of allergies. Both positive and negative test results should always be interpreted within the context of the patient's allergy history. A negative allergen specific IgE test result does not necessarily exclude allergy to the tested allergen. Similarly, a positive allergen specific IgE test result does not necessarily rule in allergy to the tested allergen. Also, allergen specific IgE levels do not necessarily correlate with symptom severity.

Tips for ordering

Please see the Allergy Test Requisition and order allergen specific IgE from any of the categories.

For allergens not included on the requisition, please list the name, as well as specific details for allergens with more than one species or type, such as drugs, mould and yeast, in the 'Miscellaneous Allergens' section of the requisition to ensure the correct allergen is tested. For a full selection of orderable allergens, see the product catalogue on the Lifelabs website.

For Inquiries, please contact: LifeLabs Customer Care Centre at **1-877-849-3637.**

We welcome your feedback!

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For more information
please visit our website at
www.LifeLabs.com