

PULS (Protein Unstable Lesion Signature) Test Out-of-Province Private Pay Test Requisition

PRINT IN ALL CAPITAL LETTERS. One (1) Test Requisition per patient. **IMPORTANT:** Ensure Patient History & Risk Factors are completed.

Report-to Client:	999	LifeLabs Demographic Label
Ordering Physician Name:		
Ordering Physician Address and Contact Information:		
	Tel: Fax:	
Copy to Physician Address and Contact Information:		LifeLabs Billing Label (ON)
	Tel: Fax:	LifeLabs Physician Summary Label (BC)
Bill to:	Bill Type "PATIENT PAYS" (See attached Payment Authorization Form)	LifeLabs Test List Label

PATIENT INFORMATION			
Patient Last Name		Patient First Name	
Date of Birth (YYYYMMDD) – ON; (DDMMYYYY) - BC	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number
Patient Address			

TEST REQUESTED		
<input checked="" type="checkbox"/> PULS (Protein Unstable Lesion Signature) Cardiac Test™	<u>Test Code (ON)</u> 5490	<u>Mnemonic (BC)</u> PULS

PATIENT HISTORY & RISK FACTORS (must be completed by Physician or Patient)			
Height: _____ cm		Weight: _____ kg	
Y N	Y N	<input type="checkbox"/> <input type="checkbox"/>	Diabetes Medication
<input type="checkbox"/> <input type="checkbox"/>	Smoker (Last 30 Days)	<input type="checkbox"/> <input type="checkbox"/>	Lipid lowering medication
<input type="checkbox"/> <input type="checkbox"/>	Diabetic	<input type="checkbox"/> <input type="checkbox"/>	Hypertension (≥ 140/90 mmHg)
<input type="checkbox"/> <input type="checkbox"/>	Family Hx of MI (Parent/Sibling/Child)	<input type="checkbox"/> <input type="checkbox"/>	Blood Pressure medication
<input type="checkbox"/> <input type="checkbox"/>	Patient Hx of MI**		

PHYSICIAN SIGNATURE	
X _____ Date: _____	
<input type="checkbox"/> Please check box if you do NOT want your de-identified sample used for research and quality control purposes.	

SPECIMEN INFORMATION(must be completed by LifeLabs staff or collection site)		
Date Blood Collected: (DDMMYYYY) _____	Time Blood Collected: (HH:MM) _____	<input type="checkbox"/> FASTING _____ hours prior to test
		<input type="checkbox"/> NON-FASTING
PHOTOCOPY REQUISITION AND INCLUDE ORIGINAL COPY WITH SAMPLES. SCAN A COPY AS A SUPPLEMENTAL DOCUMENT.		