



#200, 10150-102 Street
Edmonton AB T5J 5E2
Tel: (780) 451-3702
1-800-661-9876

THIRD PARTY REQUISITION

Shaded area **MUST** be completed

PHN/Health Care Number		Appointment date & time: _____						
		Patient Arrival time: _____						
<input type="checkbox"/> M	Patient Legal Name (Last)	(First)	(Initial	D	yyyy	Mon	dd	
<input type="checkbox"/> F			O					
			B					
Address		City		Prov.		Postal Code		
Chart #				Patient Phone #		Lab #		
PANORAMA KIT (Enter in LIS - Chart Field)								
Ordering Physician				Physician Code				
LifeLabs Genetics				E9697				
Ordering Address/Location				Report Location Code				
#105 - 175 Galaxy Blvd., Toronto, ON M9W 0C9				TMAI				
Date Specimen Collected		Col. Location		Urine <input type="checkbox"/> Random <input type="checkbox"/> 24 hr (complete details below)				
yyyy	Mon	dd		Total Volume: _____				
Time (24H)		Collector		Start Date and Time: _____				
Fasting Hours				End Date and Time: _____				
Bill Type: CO <input checked="" type="checkbox"/> Company Company Name: LifeLabs Genetics Client # 37344 Enter Client # in LIS - Collection Location line 1.01								
Clinical Information:								

PHYSICIAN/COMPANY REPRESENTATIVE:

1. Complete this requisition with the patient's gender, legal name and date of birth.
2. Provide patient with both this requisition and the collection kit. Include a prepaid waybill in the kit.
3. Ensure the patient is familiar with the 'Patient' section below.

PATIENT INFORMATION: *COLLECTIONS ARE MONDAY THRU WEDNESDAY AND THURSDAY PRIOR TO NOON.*

1. Book an appointment for collection to reduce your wait time in the lab by phoning the Customer Call Centre @ (780) 702-4486 or 1-877-702-4486. Indicate that you have a kit for collection. Ensure your appointment meets the above bolded criteria.
2. Bring this requisition, along with the collection kit, to your laboratory appointment.

<u>TEST CODES</u>	DL LAB STAFF SPECIAL INSTRUCTIONS
<p>DTPHF <input checked="" type="checkbox"/> Collection Fee</p> <p>DPACK <input checked="" type="checkbox"/> Packaging Fee</p> <p>XTRA <input checked="" type="checkbox"/> Extra Label</p>	<p>*COLLECT MONDAY THROUGH THURSDAY ONLY *</p> <p>SAMPLES COLLECTED ON THURSDAY MUST BE SHIPPED DAY OF COLLECTION</p> <ol style="list-style-type: none"> 1. Data enter this requisition using the test codes provided and include your sites Third Party workload code. Ensure the Client # is captured in the LIS. 2. Indicate the date and time of collection on this requisition and any paperwork in the kit, if required. 3. Collect and ship the required samples using the kit provided; no processing is required. Ensure vacutainer tubes are filled to capacity. Refer to the instructions provided in the kit. <p><u>Monday thru Wednesday: If collection occurs after your site's cut-off time, store samples at room temperature and ship the following day.</u></p> <ol style="list-style-type: none"> 4. Send this requisition to Base Lab using your standard Company (CO) billing procedures. <p>? Any questions regarding sample collection or handling should be directed to Leila Alexander @ 1-647-943-2802.</p>

This requisition is valid at DynaLIFE_{Dx} Patient Care Centres only