



| THIRD PARTY REQUISITION | | | |
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| SEE REVERSE FOR ADDITIONAL INFORMATION | | | |
| PROVINCE | PERSONAL HEALTH NUMBER (PHN) (OPTIONAL) | | REGIONAL HEALTH RECORD NUMBER |
| PATIENT LAST NAME | | FULL FIRST NAME | MIDDLE NAME |
| PATIENT ADDRESS | | | |
| CITY, PROVINCE | | POSTAL CODE | |
| CHART NUMBER | GENDER | DATE OF BIRTH | PATIENT PHONE NUMBER |
| | | Y Y Y Y / M M M / D D | () - - - - |
| INVOICE TO | | | |
| CLINICAL DATA | | | |

SHADED AREAS ARE REQUIRED INFORMATION

ORDERING PHYSICIAN (Include Full Name, Client # and Provider #)

LIFELABS
 Facility: 05100
 Provider: 009999A

Patient Instructions: Appointment must be booked for Monday to Thursday before 12:30 PM
Appointment booking can be done at www.calgarylabservices.com
This must be collected at a CLS location

Encounter Type: **Community**
 Financial Class: **PSC: Patient Pay**
Hospital OP Laboratory: Bill Patient

| Mnemonic | Test |
|----------|----------------|
| KIT1 | Kit Collection |

Physician Instructions:

- Complete LifeLabs Panorama Requisition
 - Patient information section
 - Have patient sign patient consent area.
- Have patient complete LifeLabs payment form credit card information.
 - Complete section regarding patient information if not completed by patient.

CLS Staff:

- Collect specimen as per kit directions.
- Complete labels with patient full name, DOB and place on tubes.
- Place PAT 3D barcode on upper right corner of LifeLabs requisition.
- **Enter Date of collection on Panorama requisition on bottom of requisition.**
- **Ensure patient has completed credit card information and signed patient consent area on requisition.**
- Package specimens as per kit directions. Place all documentation in kit except for CLS Third party requisition.
- Send to DSC Referral department for shipping. Call Referral Department at 403-770-3285 to inform them of same day shipment. **Ensure specimen is received at DSC by 1500.**
- Store at room temperature until shipping.

Referral Department

- Use LifeLabs Fed-Ex account number: 544949608.

Specimen must be sent same day.

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|----------------|--------------------|--|------------------|
| COLLECTED BY: | FASTING (HOURS PC) | PATIENT COLLECTED SPECIMENS: | ACCESSION NUMBER |
| DATE COLLECTED | TIME COLLECTED | DATE OF COLLECTION: _____ YYYY-MM-DD | |
| | | TIME OF COLLECTION: ____ : ____ AM / PM (circle one) | |