



THIRD PARTY REQUISITION			
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

PANORAMA KIT

This must be collected at a CLS location

PATIENT INSTRUCTIONS	Appointment must be booked for PSC Collection- Collections can only be done Monday to Friday – No Friday collections before a Monday Statutory holiday Book appointment: www.calgarylabservices.com or call 403-770-5136
PSC-RRL DATA ENTRY	ENCOUNTER TYPE: COMMUNITY FINANCIAL CLASS: COMPANY BILL IN COMANY NAME FIELD ENTER: Life Labs Genetics and Genomics MNEMONIC: KIT1 – Blood collection and shipping

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 specimen and all documentation to DSC Referral department for shipping.
- Specimens collected on Friday can be shipped on Monday for Tuesday delivery.
- **Store at room temperature until shipping. Specimens cannot be refrigerated.**

Referral Department

- Use enclosed Fed-Ex way-bill. Fed Ex Account # 544949608

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