

## THIRD PARTY REQUISITION

Accession # (lab only)

Shaded area **MUST** be completed by client

<b>Patient</b>	PHN	Last Name	First Name	Middle	
	Date of Birth (DD-MON-YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone	Postal Code	
<b>Company</b>	Chart # <b>PANORAMA KIT</b> (Enter in LIS - Chart Field)		ID Code <b>E9697</b>	Bill Type <b>CO <input checked="" type="checkbox"/> Company</b>	
	Company Name <b>LifeLabs Genetics</b>		Report Location Code <b>TMAI</b>	Client # <b>37344</b> <small>(Enter Client # in LIS - Collection Location line 1.01)</small>	
	Address <b>#105, 175 Galaxy Blvd., Toronto, ON M9W 0C9</b>				
<b>Collection</b>	Date (DD-MON-YYYY)	Time (24 hr)	Location	Collector ID	Fasting Hours

**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.

TEST CODES	DL LAB STAFF SPECIAL INSTRUCTIONS
<p><b>DTPHF</b> <input checked="" type="checkbox"/> <b>Collection Fee</b></p> <p><b>DPACK</b> <input checked="" type="checkbox"/> <b>Packaging Fee</b></p> <p><b>XTRA</b> <input checked="" type="checkbox"/> <b>Extra Label</b></p>	<p style="text-align: center;"><b>*COLLECT MONDAY THRU WEDNESDAY AND THURSDAY PRIOR TO NOON ONLY *</b></p> <p style="text-align: center;"><b>SAMPLES COLLECTED ON THURSDAY MUST BE SHIPPED DAY OF COLLECTION</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Indicate the date and time of collection on this requisition and any paperwork in the kit, if required.</li> <li>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.  <b><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></b></li> <li>4. Send this requisition to Base Lab using your standard Company (CO) billing procedures.</li> </ol> <p><b>? Any questions regarding sample collection or handling should be directed to Leila Alexander @ 1-647-943-2802.</b></p>

**This requisition is valid at DynaLIFE<sub>Dx</sub> Patient Care Centres only**