

## **Laboratory Requisition – Specialty and Contract Services**

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians LifeLabs Medical Laboratory Services 3680 Gilmore Way Burnaby BC V5G 4V8 Tel: 604-507-5234

Test Summary Label	Client Summary Label			Demographic Label	
Account #: A4270  Bill to ACCOUNT	Account Name: Whitehorse General Hospital				
Patient Name:				Date of Birth	Gender
Address:			Da	w Month Voor	Female Male
Telephone:	PHN:			y Month Year	. cinale male
Ordering Physician Name and MSC Number  Dr  5 Hospital Road, Whitehorse  Tel: (604) 867-393-8739		Copy Report to H1132 Whitehorse General hospital	Specimer Date & Ti of Collect		
Fasting No Yes - hours		Diagnosis/Comments:			
Other Special Instructions: Specimen Management see instructions on MyLab A4270 on how to accession					
H Pylori Breath Test - <b>BRHPYL</b>					
Physician Signature:		Date:		and created is used for quality	assurance management and disclosed to

healthcare practitioners involved in providing care or when required by law. Our privacy policy is available at <a href="www.lifelabs.com">www.lifelabs.com</a>. Samples may be referred to a testing laboratory outside of BC (to another province or U.S.A).