LifeLabs

Laboratory Requisition – Contract Services
This requisition form, when completed, constitutes
a referral to LifeLabs laboratory physicians

LifeLabs
3680 Gilmore Way
Burnaby BC V5G 4V8

Test Summary Label	Client Summary Label	Demographic Label

☑**Bill to Account #: A4270**

Account Name: WHITEHORSE GENERAL HOSPITAL

Patient Surname: **First:** **Middle:**

Address:

Postal Code: **Telephone:**

PHN:

Date of Birth: _____ / _____ / _____
DD *MMM* *YYYY*

Sex:
☐ Female
☐ Male
☐ Unknown

Ordering Physician Name, MSC Number and Address

Copy Report to
H1132 Whitehorse General Hospital

Specimen Collected by: _____
INITIALS

Collection Date: ____/ _____/____
DD MMM YYYY

Time (24hr Clock) : ____:____ (HH:MM)

Fasting ☐ No ☐ Yes - hours

Diagnosis/Comments:

All Samples Collected at Whitehorse General Hospital

Test Request:

☐ Sperm Morphology
☐ Anti-Mullerian Hormone
☐ Fecal Fat
☐ Fecal Calprotectin
☐ 17-Hydroxprogesterone
☐ Androstenedione
☐ Specific Allergen IgE – **Allergen test requisition also required** Allergen Test requisition

Tumour Markers:
☐ CEA
☐ AFP
☐ PSA Total
☐ Free PSA
☐ CA 15-3
☐ CA 125
☐ CA 19-9

Physician Signature: **Date:**

This LifeLabs requisition is valid within British Columbia only