

Standard Laboratory Medicine Program Test, Procedure, Service Order Form

| Test, Procedure, Service and Sample Data | Patient Information | | Physician Information |
|---|--------------------------------------|-----------------------------|---|
| | | | |
| 1. Sample Type / Specimen Container Type | Patient Last Name | Patient First Name | Physician Name / First Name / Last Name |
| Sample Collection Time/Date / Day / Month/ Year | Patient OHIP number | Gender (M) (F) | Physician Phone Number |
| Sample Conceden Time Bate / Bay / Monday Teal | | 202/2 /25 | I hysician I none rumber |
| Test/ Procedure (s) Required | - Patient Phone Number | DOB / Day / Month / Year | Ordering Laboratory Name |
| | Hospital Phone Number | Account Number | |
| Additional Instructions (Include or Attach Collection Information - | | | Ordering Laboratory Phone Number |
| (e.g. Fasting Requirements) | Additional Clinical Information | To Be Considered on Patient | |
| 2. Sample Type / Specimen Container Type | Reports Instruction | | Shipping and Service Instructions for all LMP Clients |
| Sample Collection Date / Day / Month/ Year | _ | | This standard test requisition form can be used for all LMP tests and or procedure requests. |
| Test/ Procedure (s) Required | Fax number for faxed reports | | Attach a copy of this test order form to the specimen you are sending to LMP at University Health Network according to shipping instructions. |
| Additional Instructions | Location of fax / Institution / Area | | Shipping address is: Laboratory Medicine Program |
| | Location of fax / Histitution / Area | | University Health Network Core Laboratory - Toronto General Hospital |
| 3. Sample Type / Specimen Container Type | | | 200 Elizabeth St., 3 East Wing, 3-347 Toronto, Ontario, M5G 2C4 |
| Sample Collection Date / Day / Month/ Year | E-mail address for e-mailed repo | rts | Attn: Specimen Management |
| Sample Conection Date / Day / Month/ Teal | | | 4. Keep a copy of this form for your records.5. Customized test requisition forms are available to |
| Test/ Procedure (s) Required | - | | clients on request that include <u>check boxes for</u> <u>most commonly ordered tests and/or procedures.</u> |
| | | | Contact our Call Centre at (416) 340 Labs (5227) or 1 866-865-5227 |
| Additional Instructions | | | 1 000-003-3227 |
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