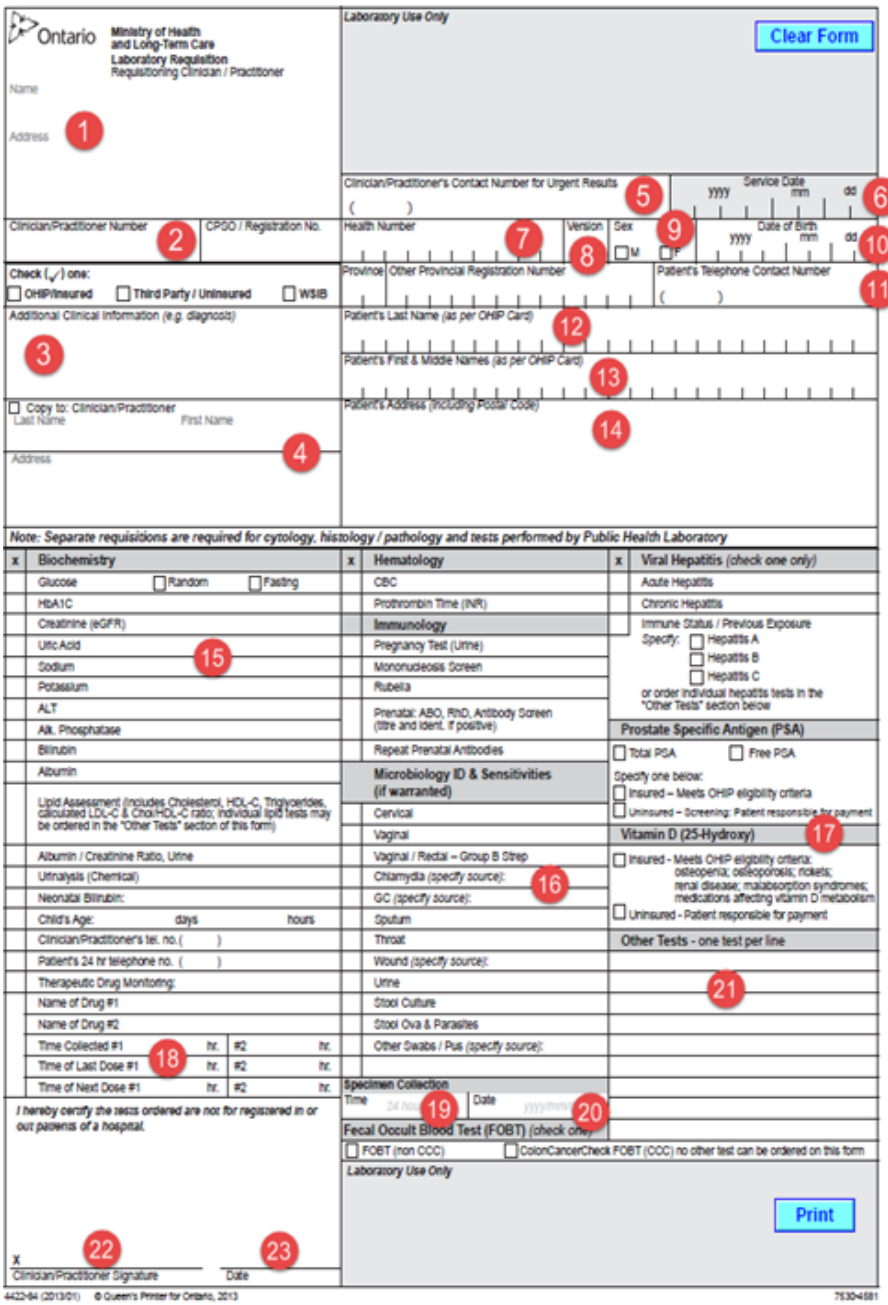
MOHLTC Requisition Essential Information

To be completed fully and clearly by the submitting health care provider

Note: Separate requisitions are required for cytology, histology/pathology and tests preformed at Public Health Laboratory



LEGEND

1. Submitting provider's name and address
2. Submitting provider's billing number
3. Pertinent clinical information
4. "Copy to" provider's full name and address
5. Phone number where submitting provider(s) can be reached
6. Date of service
7. Patient's current health card number
8. Patient's current version code
9. Patient's sex
10. Patient's date of birth (yyyy-mm-dd)
11. Patient's phone number
12. patient's last name
13. Patient's first and middle names
14. Patient's address
15. Test ordered (indicate fasting vs random where required)
16. Indicate source
17. Indicate whether PSA or Vit. D is insured or uninsured
18. Time and date of last dose fro therapeutic drugs
19. Time of collection (24 hour clock)
20. Date of collection (yyyy-mm-dd)
21. Other tests (ICL, referred out)
22. Signature of submitting provider
23. Date signed