

Laboratory Requisition - Contract Service

This requisition form, when completed, constitutes a referral to LifeLabs laboratory physicians

LifeLabs Medical Laboratory Services 3680 Gilmore Way Burnaby BC V5G 4V8 Tel: 604 431 5005 Fax: 604 412 4444

Client Summary Label	Test Summary Label		Demographic Label			
Account #: A1440 Name: Children & Family Institute		Robinson Lab Reproductive Health Program				
Patient Name		Date of Birth			Gender	
		Day Month Year		ear	Female Male	
Ordering Physician Name and MSC Number	Copy Report to	Phone or Fax: S		Specimen	pecimen Collected by:	
Clinical Study 90008CLI				Date & Ti	ime:	
Fasting No Yes - hours	Diagnosis/Comments:					
Patient MUST attend LifeLabs Patient Service Centre - See Reverse for locations & hours of operation						

Collect Monday - Thursday ONLY - do not collect day before STAT holiday

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BOT3 and **BOT** (for labels)

- Collect: 4 x 4 mL EDTA lavender
- Place tubes into transvelope with photocopy of this requisition
- Call Robinson Lab at (604) 875-3015 after sample has been collected Leave a voice mail message if no answer
- Specimens should be forwarded to the Child and Family Research Institute 950 W. 28th Ave, Room 2071 Drop off at Shipping and Receiving or go to Oak Street Entrance and buzz Robinson Lab at 2071 for pick up.
- Place an account label (COM,ORD,LAB,ACC) on the bag
- Send at room temperature with LifeLabs courier
- Sample MUST arrive within 24 hours of collection



Rev: March 2012