



Laboratory Requisition

Label		Label		Label	
<input checked="" type="checkbox"/> Bill to Patient (Private Pay)					
Patient's Last Name: _____		First: _____	Middle: _____	Date of Birth: _____ / _____ / _____	Sex: _____
Address: _____				_____ / _____ / _____	<input type="checkbox"/> Female
Postal Code: _____		Telephone: _____			<input type="checkbox"/> Male
Health Card Number: _____					<input type="checkbox"/> Unknown
Ordering Healthcare Provider's Name, Address and Number Must be completed by an authorized ordering healthcare practitioner		Copy Report to _____		Specimen Collected by: _____ <small>INITIALS</small>	
				Collection Date: _____ / _____ / _____ <small>DD MM YYYY</small>	
				Time (24hr Clock) : _____ : _____ (HH:MM)	
		Diagnosis/Comments: _____			
Patient must attend a LifeLabs Patient Service Centre. Visit www.lifelabs.com for locations, hours of operation and appointment only centres.					
Patient must provide a sample at the Patient Service Centre.					
Ordering HCP Staff Enter: Please check the boxes below to order the specific tests for your patient.					
*Phosphorylated tau217 (p-tau217), Plasma (Test Code = 5637)					
Apolipoprotein E (ApoE) Isoform, Plasma (Test Code = 5638)					
Beta-Amyloid 42/40 Ratio, Plasma (Test Code = 5639)					
*Phosphorylated tau181 (p-tau181), Plasma (Test code = 5640)					
*Neurofilament Light Chain (NfL), Plasma (Test code = 5641)					
*ABeta 42/40 and p-tau217 Evaluation, Plasma (Test code = 5089)					
*For these tests, patients should be cautioned to stop biotin consumption at least 72 hours prior to collection of a sample					
PSC Staff Enter: This requisition is for the Alzheimer's testing (Uninsured) LifeLabs® (TC #5089, 5637, 5638, 5639, 5640, 5641) ONLY; additional tests may not be added. Only order the tests that have been checked marked in the above section.					
PSC Specimen Collection Instructions: Check specimen handling requirements for each test.					
Physician Signature: _____			Date: _____		
The minimum amount of patient information is collected for provision of the service requested. This information is considered confidential and privileged. Unauthorized use and disclosure is prohibited.					

THIS REQUISITION IS VALID IN ONTARIO ONLY