

Laboratory Requisition Form Completion Guidelines

These instructions should be used to complete the requisition form (LAB-FRM-001) when ordering a test from the laboratory.

- The requisition form consists of four primary sections that are required to be filled for proper laboratory processing.
- The completed requisition and labeled specimen jar/tube should be sent to the laboratory following the collection kit instructions on packaging and shipping.

1. Patient Information

Patient Information	
Last Name:	_____
Given Names:	_____
Street:	_____ Suite: _____
City:	_____ Province/State: _____
Country:	_____ Postal Code: _____
Tel:	_____ Fax: _____
Email:	_____
Date of Birth:	_____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	<small>DD-MM-YYYY</small>
Medical #:	_____

This section should be completed in full to properly identify the patient

A minimum of three unique identifiers are required by the laboratory, please see below.

- Patient name (Given names and last name)
- Date of birth (day, month and year format)
- Medical # (healthcare card number)

2. Physician Information

Physician Information	
Physician:	_____ Medical #: _____
Other Physician:	_____ Medical #: _____
Clinic/Hospital:	_____
Street:	_____ Suite: _____
City:	_____ Province/State: _____
Country:	_____ Postal Code: _____
Tel:	_____ Ext: _____ Fax: _____
Email:	_____

This section must be completed in full for the laboratory to properly report results to the physician.

A physician stamp or label containing the requested information can also be used in this space

3. Test Selection

<p>Test Selection (Select appropriate test and specimen type)</p> <p><input type="checkbox"/> LungSign™ Test</p> <p><input type="checkbox"/> Sputum - Induced (Acoustic)</p> <p><input type="checkbox"/> Sputum - Induced (Saline)</p> <p><input type="checkbox"/> OralAdvance™ Test</p> <p><input type="checkbox"/> Buccal Mucosa</p> <p><input type="checkbox"/> Other - Specify: _____</p> <p><input type="checkbox"/> ClearCyte™ Quantitative Cytology</p> <p><input type="checkbox"/> Urine - Voided</p> <p><input type="checkbox"/> Bladder Washings</p> <p><input type="checkbox"/> Urine - Catheterized</p> <p><input type="checkbox"/> Pleural Fluid</p> <p><input type="checkbox"/> Peritoneal Fluid</p> <p><input type="checkbox"/> Fine Needle Aspirate - Site: _____</p> <p><input type="checkbox"/> Other - Specify: _____</p>
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LungSign Test Ordering

- Check off “LungSign” **AND**
- Check off “sputum induced (acoustic)” if the specimen was collected using the Lung flute device **OR**
- Check off “sputum induced (saline)” if the specimen was collected using a standard induction procedure

Oral Advance Test Ordering

- Check off “Oral Advance” **AND**
- Check off “buccal mucosa” if that was the region where the brushing was collected **OR**
- Check off “Other” if another region was brushed and write in location such as “right posterior tongue”

ClearCyte Quantitative Cytology Ordering

- Check off “ClearCyte” **AND**
- Check off appropriate specimen type, if one is not listed use “Other” and write in specimen type. Contact with the laboratory is highly recommended before requesting specimen types not listed.

4. Collection Information

<p>Collection Information</p> <p>Date Collected: _____ <small>DD-MM-YYYY</small></p> <p>Volume Collected (ml): _____</p> <p>(Select One)</p> <p><input type="checkbox"/> Prepared Slide</p> <p><input type="checkbox"/> Liquid Based</p>

This section should be completed for specimen quality assurance purposes

- Record date collected **AND**
- Record final volume of jar or tube **AND**
- Check “prepared slides” if slides are being sent **OR**
- Check “liquid” if jar or tube is being sent