

<div>Ontario<div>Ministry of Health</div><div>Laboratory Requisition</div><div>Requisitioning Clinician / Practitioner</div></div> <div>Name</div> <div>FEF Clinical Labs Lmt</div> <div>Address</div> <div>679 Rideau St. Ottawa ON K1N 0B7</div>		<div>Laboratory Use Only</div>														
		<div>Clinician/Practitioner's Contact Number for Urgent Results</div> <div>(101) 111-1111</div>					<div>Service Date</div> <div>20250720</div>									
<div>Clinician/Practitioner Number</div> <div>87668725</div>	<div>CPSO / Registration No.</div> <div>112784</div>	<div>Health Number</div> <div>452482278</div>				<div>Version</div> <div>K G</div>	<div>Sex</div> <div><input type="checkbox"/> M<input checked="" type="checkbox"/> F</div>	<div>Date of Birth</div> <div>19950102</div>								
<div>Check (✓) one:</div> <div><input type="checkbox"/> OHIP/Insured<input checked="" type="checkbox"/> Third Party / Uninsured<input type="checkbox"/> WSIB</div>		<div>Province</div> <div>ON</div>					<div>Other Provincial Registration Number</div>					<div>Patient's Telephone Contact Number</div> <div>(877) 555-2222</div>				
<div>Additional Clinical Information (e.g. diagnosis)</div> <div>Clinic ABC Limited</div>		<div>Patient's Last Name (as per OHIP Card)</div> <div>Singh</div>														
		<div>Patient's First & Middle Names (as per OHIP Card)</div> <div>John</div>														
<div><input checked="" type="checkbox"/> Copy to: Clinician/Practitioner</div> <div>Last NameFirst Name</div> <div>SmithJohn</div>		<div>Patient's Address (including Postal Code)</div> <div>201 Sussex Dr. Ottawa ON K1N 0A4</div>														
<div>Address</div> <div>102 Rideau St. Ottawa ON K1N 0B6</div>																
<div>Note: Separate requisitions are required for cytology, Ontario Cervical Screening Program HPV and cytology tests, histology/pathology, ColonCancerCheck FIT test, and tests performed for Public Health Laboratory.</div>																
<div>x</div> <div>Biochemistry</div>		<div>x</div> <div>Hematology</div>				<div>x</div> <div>Viral Hepatitis (check one only)</div>										
<div>Glucose</div> <div><input type="checkbox"/> Random<input checked="" type="checkbox"/> Fasting</div>		<div>CBC</div>				<div>Acute Hepatitis</div>										
<div>HbA1C</div>		<div>Prothrombin Time (INR)</div>				<div>Chronic Hepatitis</div>										
<div>Creatinine (eGFR)</div>		<div>Immunology</div>				<div>Immune Status / Previous Exposure</div>										
<div>Uric Acid</div>		<div>Pregnancy Test (Urine)</div>				<div>Specify: <input type="checkbox"/> Hepatitis A</div>										
<div>x</div>	<div>Sodium</div>	<div>Mononucleosis Screen</div>				<div><input type="checkbox"/> Hepatitis B</div>										
	<div>Potassium</div>	<div>Rubella</div>				<div><input type="checkbox"/> Hepatitis C</div>										
	<div>ALT</div>	<div>Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)</div>				<div>or order individual hepatitis tests in the "Other Tests" section below</div>										
	<div>Alk. Phosphatase</div>	<div>Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)</div>				<div>Prostate Specific Antigen (PSA)</div>										
	<div>Bilirubin</div>	<div>Repeat Prenatal Antibodies</div>				<div><input checked="" type="checkbox"/> Total PSA<input type="checkbox"/> Free PSA</div>										
	<div>Albumin</div>	<div>Microbiology ID & Sensitivities (if warranted)</div>				<div>Specify one below:</div>										
	<div>Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)</div>	<div><input checked="" type="checkbox"/> Cervical</div>				<div><input type="checkbox"/> Insured – Meets OHIP eligibility criteria</div>										
	<div>Albumin / Creatinine Ratio, Urine</div>	<div><div>x</div><div>Vaginal</div></div>				<div><input type="checkbox"/> Uninsured – Screening: Patient responsible for payment</div>										
	<div>Urinalysis (Chemical)</div>	<div>Vaginal / Rectal – Group B Strep</div>				<div>Vitamin D (25-Hydroxy)</div>										
	<div>Neonatal Bilirubin:</div>	<div>Chlamydia (specify source):</div>				<div><input checked="" type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism</div>										
	<div>Child's Age: days hours</div>	<div>GC (specify source):</div>				<div><input type="checkbox"/> Uninsured - Patient responsible for payment</div>										
	<div>Clinician/Practitioner's tel. no. ()</div>	<div>Sputum</div>				<div>Other Tests - one test per line</div>										
	<div>Patient's 24 hr telephone no. ()</div>	<div>Throat</div>														
	<div>Therapeutic Drug Monitoring:</div>	<div>Wound (specify source):</div>														
	<div>Name of Drug #1</div>	<div>Urine</div>														
	<div>Name of Drug #2</div>	<div>Stool Culture</div>														
	<div>Time Collected #1 hr. #2 hr.</div>	<div>Stool Ova & Parasites</div>														
	<div>Time of Last Dose #1 hr. #2 hr.</div>	<div>Other Swabs / Pus (specify source):</div>														
	<div>Time of Next Dose #1 hr. #2 hr.</div>															
<div>I hereby certify the tests ordered are not for registered in or out patients of a hospital.</div>		<div>Specimen Collection</div>														
		<div>Time</div> <div>1257</div>				<div>Date</div> <div>2025/07/18</div>										
		<div>Laboratory Use Only</div>														
<div>x</div> <div>Clinician/Practitioner Signature</div>		<div>Date</div>														