Extracted Medical Document Text

Patient ID: 23

Processing Date: 2025-07-24 12:23:42

Ontario

Ministry of Health

Laboratory Requisition

Requisitioning Clinician / Practitioner

Name

FEF Clinical Labs Lmt

Address

679 Rideau St. Ottawa ON K1N 0B7

Laboratory Use Only

Clinician/Practitioner's Contact Number for Urgent Results

(101) 111-1111

Clinician/Practitioner Number

CPSO / Registration No.

112784

Health Number

87668725

Check (✔) one:

OHIP/Insured

Additional Clinical Information (e.g. diagnosis)

Clinic ABC Limited

452482278

Province Other Provincial Registration Number

Third Party / Uninsured

WSIB

ON

Patient's Last Name (as per OHIP Card)

Singh

уууу

Service Date

mm

dd

2025 07 20

yyyy

Date of Birth

mm

dd

19950102

Patient's Telephone Contact Number

Version Sex

KG

MF

Patient's First & Middle Names (as per OHIP Card)

Joh n

Patient's Address (including Postal Code)

☑ Copy to: Clinician/Practitioner

Last Name

Smith

First Name

John

201 Sussex Dr. Ottawa ON K1N 0A4

(877) 555-2222

Address

102 Rideau St. Ottawa ON K1N 0B6

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.

Biochemistry

Glucose

HbA1C

Creatinine (eGFR)

Uric Acid

Sodium

Potassium

ALT

Alk. Phosphatase

Bilirubin

Albumin

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)

Albumin / Creatinine Ratio, Urine

Urinalysis (Chemical)

Neonatal Bilirubin:

Child's Age:

days

hours

Clinician/Practitioner's tel. no. (

)

Patient's 24 hr telephone no. (

)

Therapeutic Drug Monitoring:

Name of Drug #1

Name of Drug #2

Time Collected #1

hr. #2

hr.

Time of Last Dose #1

hr. #2

hr.

Time of Next Dose #1

hr. #2

hr.

Hematology

Random

X Fasting

CBC

X

Prothrombin Time (INR)

Immunology

Pregnancy Test (Urine)

Mononucleosis Screen

Rubella

Prenatal: ABO, RhD, Antibody Screen

(titre and ident. if positive)

Repeat Prenatal Antibodies

Microbiology ID & Sensitivities

(if warranted)

Cervical

Vaginal

Vaginal / Rectal - Group B Strep

Chlamydia (specify source):

GC (specify source):

Sputum

Throat

Wound (specify source):

Urine

Stool Culture

Stool Ova & Parasites

Other Swabs / Pus (specify source):

Viral Hepatitis (check one only)

Acute Hepatitis

Chronic Hepatitis

Immune Status / Previous Exposure

Specify:

Hepatitis A

Hepatitis B

Hepatitis C

or order individual hepatitis tests in the

"Other Tests" section below

Prostate Specific Antigen (PSA)

Total PSA

Specify one below:

Free PSA

Insured - Meets OHIP eligibility criteria

Uninsured - Screening: Patient responsible for payment

Vitamin D (25-Hydroxy)

Insured - Meets OHIP eligibility criteria:

osteopenia; osteoporosis; rickets;

renal disease; malabsorption syndromes;

medications affecting vitamin D metabolism

Uninsured - Patient responsible for payment

Other Tests - one test per line

I hereby certify the tests ordered are not for registered in or

out patients of a hospital.

Clinician/Practitioner Signature

Date

4422-84 (2025/01) Queen's Printer for Ontario, 2025

Specimen Collection

Time

Date

1257

2025/07/18

Laboratory Use Only

7530-4581