C>-					Laboratory Use Only							
Ontario Ministry of Health and Long-Term Care Laboratory Requisition												
Requisitioning Clinician / Practitioner												
Name Misha al Krall												
Michael Kroll												
Address Credit Valley Family Health Team												
2300 Eglinton Avenue West												
					Clin	ician/Practitioner's Contact Number for U	rgent Resu	lts				
Mississauga ON									Service Date:			
L5M 2V8 Clinician/Practitioner Number CPSO / Registration No.					Hes	alth Number	Version	Sex		Date of Birth		
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Check ( v ) one:						vince Other Provincial Registration Numb		Patient	's Telephone Contact Number Cell: (416) 414-8100			
OHIP/Insured Third Party / Uninsured WSIB					C	DN				Home: ( ) -		
Additional Clinical Information (e.g. diagnosis)					Pati	ient's Last Name (as per OHIP Card)				\/		
					l F	BALLARD						
					_	ient's First & Middle Names (as per OHIP	Card)					
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	Conv. to: Clinician (Practitioner				Patient's Address (including Postal Code)				MARK			
Las	Copy to: Clinician/Practitioner t Name Firs	t Nam	ie		1 641	ion a reduced proceeding 1 color coccey						
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Add	ress				1	2350 WOODFIELD ROAD						
						OAKVILLE ON						
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		iired	for cytology, his	stolog		athology, ColonCancerCheck FIT te	st, and tes					
X	Biochemistry				X	Hematology				patitis (check one only)		
Ш	Glucose Rando	m	Fasting		ш	CBC		<u> </u>	cute Hep	patitis		
×	HbA1C					Prothrombin Time (INR)			hronic H	epatitis		
×	Creatinine (eGFR)					Immunology				tatus / Previous Exposure		
	Uric Acid				Pregnancy Test (Urine)			Specify: Hepatitis A Hepatitis B				
In all	Sodium				Mononucleosis Screen							
×	Codiam	Potassium				Rubella			Hepatitis C or order individual hepatitis tests in the			
						Rubella		_		attribute of the constitute transfer to their		
X	Potassium									dividual hepatitis tests in the sts" section below		
	Potassium ALT					Rubella  Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)		(	Other Tes	sts" section below		
	Potassium ALT Alk. Phosphatase					Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)		Pros	other Tes tate Sp	ecific Antigen (PSA)		
	Potassium ALT Alk. Phosphatase Bilirubin					Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive) Repeat Prenatal Antibodies		Pros	other Tes tate Sp I PSA	ecific Antigen (PSA)  Free PSA		
	Potassium ALT Alk. Phosphatase					Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive) Repeat Prenatal Antibodies Microbiology ID & Sensitivities		Pros	other Test tate Sport PSA one belo	ecific Antigen (PSA)  Free PSA  ow:		
	Potassium ALT Alk. Phosphatase Bilirubin Albumin Lipid Assessment (includes Choles	sterol,	HDL-C, Triglycerie	des,		Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive) Repeat Prenatal Antibodies Microbiology ID & Sensitivities (if warranted)		Pros Tota Specify	other Tes tate <b>Sp</b> PSA one belo red – Me	ecific Antigen (PSA)  Free PSA  ow:  ets OHIP eligibility criteria	no more	
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	Potassium  ALT  Alk. Phosphatase  Bilirubin  Albumin  Lipid Assessment (includes Choler calculated LDL-C & Chol/HDL-C rabe ordered in the "Other Tests" see Albumin / Creatinine Ratio, Urine	atio; in	dividual lipid tests	des, may		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		Pros Tota Specify Insu Unin Vitar	other Tes tate Sp PSA one belo red – Me sured – S nin D (2 red - Me	ecific Antigen (PSA)  Free PSA  ow: eets OHIP eligibility criteria creening: Patient responsible for 5-Hydroxy) ets OHIP eligibility criteria:		
	Potassium  ALT  Alk. Phosphatase  Bilirubin  Albumin  Lipid Assessment (includes Cholecalculated LDL-C & Chol/HDL-C rate ordered in the "Other Tests" see Albumin / Creatinine Ratio, Urine  Urinalysis (Chemical)	atio; in	dividual lipid tests	des, may		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):		Pros Tota Specify Insu Unin Vitar	other Tes tate Sp PSA one belo red – Me sured – S nin D (2 red - Me ost ren	ecific Antigen (PSA)  Free PSA  ow:  eets OHIP eligibility criteria creening: Patient responsible for  5-Hydroxy) ets OHIP eligibility criteria: ecopenia; osteoporosis; rickets; at disease; malabsorption sync	dromes;	
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	Potassium  ALT  Alk. Phosphatase  Bilirubin  Albumin  Lipid Assessment (includes Cholecalculated LDL-C & Chol/HDL-C rabe ordered in the "Other Tests" set  Albumin / Creatinine Ratio, Urine  Urinalysis (Chemical)  Neonatal Bilirubin:  Child's Age: days  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  Time of Last Dose #1  Teby certify the tests ordered are in	hr. hr.	hour #2 #2 #2	hr.	Tim	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):  ecimen Collection  Date  MIW/DD	YYYY	Pros Tota Specify Insu Unin Vitar Insu	Other Test tate Spi PSA one belo red – Me sured – S red - Me ost ren me sured - F	ecific Antigen (PSA)  Free PSA  ow:  ets OHIP eligibility criteria screening: Patient responsible for 15-Hydroxy)  ets OHIP eligibility criteria: eopenia; osteoporosis; rickets; al disease; malabsorption syndications affecting vitamin D me ratient responsible for payment	dromes;	
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