

Written documentation of add-on laboratory tests is required. Processing will not occur until receipt of faxed authorization.

Lab Information		Lab Use (Data Entry function)
<input type="checkbox"/> <b>CALGARY ProvLab</b> 3030 Hospital Dr NW Calgary, Alberta, T2N 4W4 Tel: (403) 944-1200	<input type="checkbox"/> <b>EDMONTON ProvLab</b> 8440-112 Street Edmonton, Alberta, T6G 2J2 Tel: (780) 407-7121	<b>Orderable:</b>
<b>Fax: 403-270-2216</b>	<b>Fax: 780-407-3864</b>	<b>Order Comment: ADTEST</b>

Complete this section.			
<b>Patient/Specimen Information</b>	Requester Full Name (PRINT): MOC/VOC? <input type="checkbox"/> YES <input type="checkbox"/> NO (Last) (First) (Initial)		Date and time of add-on test: dd mon yyyy time (hh:mm)
	Ordering Physician/Practitioner:	Physician Code:	Requester Phone:
	Ordering Address / Location:		Requester Fax:
	Patient Name (PRINT): (Last) (First) (Initial)		<input type="checkbox"/> PHN: OR <input type="checkbox"/> Other Unique Identifier (specify):
	Sample Accession Number:		Lab staff name/initials:
	Sample Type	Sample Source	Date and time of original sample collected: dd mon yyyy time (hh:mm)
	Test(s) to be added:	<input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> Stat	<input type="checkbox"/> Add-on test communicated via:

Complete this section. Fax to the lab indicated above:			
<input type="checkbox"/> I have verified that the patient name and PHN/other unique identifier are correct as written above. (NOTE: Contact the lab if any information provided above is incorrect)			
<b>Check ONLY ONE response below:</b>			
<input type="checkbox"/> I have verified that the Ordering Physician /Practitioner information above is complete and request report to be sent there.			
<input type="checkbox"/> I request the report for this add-on test to be sent to above location <b>AND</b> to another Physician/Practitioner as completed below (write legibly).			
<b>Requestor</b>	Physician/Practitioner Name:		Phone:
	Physician/Practitioner Address /Location:		Fax:
	<input type="checkbox"/> Requester's Signature:		Date and time: dd mon yyyy time (hh:mm)

LAB USE: Complete this section if add on tests cannot be performed for the following reasons:	
<input type="checkbox"/> Insufficient sample quantity	<input type="checkbox"/> Test Cancelled by: Tech (name and initials):
<input type="checkbox"/> Compromised sample quality	
<input type="checkbox"/> Other:	