

## Requisition Requirements – Community Requisition for Long Term Care and Supportive Living

### Benefits of providing CLS with COMPLETE and LEGIBLE information:

- ✓ Promotes patient safety through reduced transcription errors
- ✓ Reduces turnaround time when processing patient samples
- ✓ Ensures reports are sent to the correct facility, ordering physician (and pharmacy, when appropriate) in a timely manner

Affix **LTC/SL4 Facility Patient Label** or complete all fields to ensure accurate patient identification and registration

<b>Patient</b>	PHN	Information Required: <ul style="list-style-type: none"> <li>• Name of Patient</li> <li>• PHN</li> <li>• Date of Birth</li> <li>• Gender</li> </ul>	Alternate Identifier		Date of Birth (yyyy-mm-dd)
	Last Name		First Name	Middle	If additional <b>"Copy To"</b> reports are required, provide full last name, first name and address for accurate report delivery
	Address		City/Town	Prov	
<b>Requestor (s)</b>	Requestor Name (last, first) <b>LTC/SL4 Care Centre</b>		Copy to (last, first) <b>Apply Pharmacy "Expedite" Stamp here, when appropriate</b>	Copy to (last, first) <b>Example, Second CC Doctor</b>	
	Location/Facility/Address <b>Facility Address</b>		Location/Facility/Address <b>Pharmacy, "Specific Name" Expedite</b>	Location/Facility/Address <b>30 Report Street NE</b>	
	Phone <b>00000</b>		Phone <b>(000000A)</b>	Phone <b>XXX- XXX- XXXX</b>	
	Healthcare Provider ID <b>Dr. _____</b>		Healthcare Provider ID	Healthcare Provider ID <b>00XXXXC</b>	
<b>Collection</b>	Date (vvv-mm)	Time (24 hr)	Location <b>Unit/room #</b>	Collector ID	

Apply **LTC/SL4 Facility Stamp** here (may have name of individual unit in address, when applicable).  
**Add Ordering physician** full last and first name.

LTC/SL4 Add **Patient's Unit/Room Number for Blood Collections**. Blood collection date, time and collector ID will be completed by Laboratory.  
**All collection information should be completed by LTC/SL4 for non-blood specimens.**

