



**Mobile Collection  
Services Requisition**

Scanning Label or Accession # *(lab only)*

Patient	PHN <b>12345-6789</b>	Expiry:	Date of Birth <i>(dd-Mon-yyyy)</i> <b>01 APR 2004</b>	Scanning Label or Accession # <i>(lab only)</i>	
	Legal Last Name <b>Sample</b>	Legal First Name <b>William</b>	Middle Name <b>George</b>		
Provider(s)	Alternate Identifier	Preferred Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	Phone <b>XXX-XXX-XXXX</b>	
	Address <b>111 My Avenue</b>	City/Town <b>Edmonton</b>	Prov <b>AB</b>	Postal Code <b>T2T 2T2</b>	
	Authorizing Provider Name <i>(last, first, middle)</i> <b>Example, Doctor S</b>	Copy to Name <i>(last, first, middle)</i> <b>Example, Copy Provider</b>	Copy to Name <i>(last, first, middle)</i>		
	Address <b>1234 211 St, Edm, AB T3T 3T3</b>	Phone <b>xxx-xxx-xxxx</b>	Address <b>4567 89 Ave EDM, AB T5T 5T5</b>	Address	
CC Provider ID <b>numeric digits</b>	CC Submitter ID <b>numeric digits</b>	Legacy ID <b>See Below</b>	Phone <b>xxx-xxx-xxxx</b>	Phone	
Clinic Name <b>Family Medicine Clinic</b>			Clinic Name <b>Associated Medical Clinic</b>	Clinic Name	
Collection	Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location	Collector ID	

**New Required Provider Information Fields**

- **Authorizing Provider:** The provider ordering the test and acting on the test result.
- **Connect Care (CC) Provider ID:** Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.
- **Connect Care (CC) Submitter ID:** Unique ID for the location or clinic and is used to route reports.

**NOTE: Both Provider ID and Submitter ID are required to correctly route reports.**

**Copy To Provider(s)**

Complete Name, Address and Clinic Name will assist in selecting the correct provider.

**New Patient Information Fields**

- **PHN Expiry Date:** Required for patients with out-of-province healthcare insurance (if applicable).
- **Alternate Identifier:** Unique ID (ULI, MRN, government issued ID, etc.).
- **Preferred Name:** Use if the preferred name differs from legal name.
- **Gender: "Non-binary" and "Prefer not to disclose"** provide choices of response other than "male" or "female".

**Legacy ID**

- Adding the legacy provider ID assists non Connect Care sites with accurate provider selection for report delivery.
- Pathnet Millennium provider IDs are generally 6-8 digits in length and sometimes have an alpha character at the end.
- Sunquest provider IDs are generally 1 alpha and 4 numeric characters. Location codes are 3-4 alpha characters with potentially a numeric modifier.
- If a provider is at more than one location, multiple IDs are provided.

Millennium Provider IDs	Sunquest Provider IDs	Sunquest Location Code
021130B	L1234	HYS
2021130	V4567	HYS1

- Meditech does not use codes. Providers are entered by the first few letters of the provider last name and first initials. With the provision of a complete and clearly legible provider first and last name and address, there is no need to enter anything in the Legacy ID section.



**Patient Eligibility Requirements**

One of the defined criteria must be selected for a patient to be eligible for Mobile Collection Services



**Mobile Collection**

Collection services provided to patients outside of lab collection centres. To be considered eligible for this service, patients **must** meet at least one of the following criteria:

- Has had a recent hospitalization and/or surgery that restricts their travel outside the home temporarily (*maximum 4 weeks*).  
Specify reason \_\_\_\_\_ Hospital discharge date (*dd-Mon-yyyy*) \_\_\_\_\_
- Has medical restrictions and/or health limitations and/or is physically unable to attend appointments or participate in other activities outside their home. Specify reason patient is unable to attend laboratory collection location \_\_\_\_\_
- Resides in a secured or designated supportive living environment (*e.g. DSL4, DSL4D*).

**Scheduling Requirements**

*Note: Mobile Collections not available in all communities*

Frequency	Maximum Duration	Requested Duration
<input type="checkbox"/> Once only	Once	
<input type="checkbox"/> 2 times per week	2 weeks ( <i>M/Th or Tu/F</i> )	
<input type="checkbox"/> 3 times per week	2 weeks ( <i>M/W/F</i> )	
<input type="checkbox"/> Weekly	12 weeks	
<input type="checkbox"/> Every 2 weeks	26 weeks	
<input type="checkbox"/> Monthly	1 year	
<input type="checkbox"/> Every 3 months	1 year	

**Requested Start: Week of** \_\_\_\_\_

*(service date will be determined by patient location)*

Does patient have an existing Mobile Order?

- No
- Yes. If yes:
  - Add** to existing order or next scheduled collection
  - Replace** existing order(s)
  - Schedule **Extra Collection** (*dd-Mon-yyyy*) \_\_\_\_\_

**Office Use Only**

Date received (*dd-Mon-yyyy*)      Order expiry date (*dd-Mon-yyyy*)

**Scheduling Requirements**

Indicate frequency and duration and if the patient has an existing mobile order

