



Completing laboratory requisitions as below avoids specimen processing delays and possible rejection due to lack of key information. [Laboratory Services Policy – Acceptance of Samples and Test Requests – Appendix A](#)

Full first and last name AND other requested information ensures the laboratory can correctly choose the provider and copy to recipient(s) from the almost 10,000 practicing Alberta Physicians and other practitioners who order lab tests AND deliver results for effective and efficient patient care.

If no PHN, ULI or MRN

With 3.8 million Albertans, Alberta Precision Laboratories' require complete patient identifiers to ensure results are reported on the correct patient and avoid serious adverse events.

		Scanning Label or Accession # <i>(lab only)</i>	
Patient	PHN	Expiry: _____	Date of Birth <i>(dd-Mon-yyyy)</i>
	Legal Last Name	Legal First Name	Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose
	Address		City/Town Prov Postal Code
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>
	Address		Address
	CC Provider ID	CC Submitter ID	Phone
	Clinic Name		Clinic Name
Collection	Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Collector ID

Incomplete Copy to requests will not be processed due to privacy breach concerns