



Scanning Label or Accession # *(lab only)*

Laboratory Add-on / Order Modification Requisition

To request an add-on test or modification for a specimen that has already been collected, complete the following information in full and submit to the laboratory using your usual intake process.

Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>	Requesting Location		
Requestor Name				Phone	
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"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town	Prov	Postal Code
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i>			Copy to Name <i>(last, first, middle)</i>	Copy to Name <i>(last, first, middle)</i>
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
	Clinic Name			Clinic Name	Clinic Name

Original Specimen Collection: Date <i>(dd-Mon-yyyy)</i>	Additional Clinical Information <i>(include any relevant information required to process the request e.g. Therapeutic Drug Monitoring information)</i>
Time <i>(24 hr)</i>	

Test(s)	Add	Cancel	Specimen Type	Priority
				<input type="checkbox"/> Routine <input type="checkbox"/> STAT
				<input type="checkbox"/> Routine <input type="checkbox"/> STAT
				<input type="checkbox"/> Routine <input type="checkbox"/> STAT

For Lab Use Only:

- Original order available for add-on or modification?
 Yes – Specimen ID # _____ Proceed to step 2
 No – Proceed to Unable to Perform
- Current location of the specimen:
 On site – Proceed to step 3
 At another site: _____ Proceed to step 2.a.
a. Forward this form to the site where the specimen is located.
 Fax email Date *(dd-Mon-yyyy)* _____ Time *(24 hr)* _____ By _____
- Suitable specimen available for add-on test(s)?
 Yes – Proceed to step 4
 No – Proceed to Unable to Perform
- Order the add-on test(s) / perform the order modification following lab processes.
Request completed by: _____ Date *(dd-Mon-yyyy)* _____ Time *(24 hr)* _____

Unable to Perform Add-on or Modification:

If the lab is unable to complete the request, notify the requestor via usual lab processes.
Notification via: LIS Phone Fax Other: _____
Date *(dd-Mon-yyyy)* _____ Time *(24 hr)* _____ By _____
Reason: _____