

**LABORATORY
REQUISITION**

ORDERING PHYSICIAN, ADDRESS

MSP PRACTITIONER NUMBER

Copy to Physician/MSP Practitioner Number:

If this is a STAT order please provide contact telephone number:

CITY/TOWN PROVINCE

Yellow highlighted fields must be completed to avoid delays in specimen collection and patient processing.

Bill to MSP ICBC WorkSafeBC PATIENT OTHER: _____

PHN NUMBER ICBC/WorkSafeBC/RCMP NUMBER

SURNAME OF PATIENT FIRST NAME OF PATIENT

DOB YYYY MM DD SEX M F Pregnant? YES NO Fasting? _____ h pc

TELEPHONE NUMBER OF PATIENT CHART NUMBER

ADDRESS OF PATIENT

DIAGNOSIS CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

<input type="checkbox"/> Estradiol	<input type="checkbox"/> Testosterone	<u>NON-MSP BENEFIT TESTS (PRIVATE PAY)</u>
<input type="checkbox"/> LH	<input type="checkbox"/> TSH	<input type="checkbox"/> AMH (Anti Müllerian Hormone)
<input type="checkbox"/> FSH	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Sperm DNA Fragmentation
<input type="checkbox"/> Quantitative β-hCG	<input type="checkbox"/> DHEA-S	<input type="checkbox"/> Y-Chromosome Microdeletion
<input type="checkbox"/> Progesterone	<input type="checkbox"/> Semen Analysis	<input type="checkbox"/> Reproductive Immunophenotype
<u>OTHER TESTS REQUESTED</u>		<input type="checkbox"/> Natural Killer Cell Activity

SIGNATURE OF PHYSICIAN DATE SIGNED

DATE OF COLLECTION TIME OF COLLECTION PHLEBOTOMIST

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *E-Health Act* and/or the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

Novavita Laboratory Information

Information regarding services provided and fees for non-MSP benefit tests can be found at our website www.novavitalab.ca	Appointments are required for the following tests Semen analysis – This applies for both on-site collections and drop-off samples. Please call the laboratory at 604-336-2090 or visit our website to arrange an appointment.				
<p>Novavita Laboratory is located at</p> <p>Suite 420, East Tower, 555 W 12th Avenue, Vancouver. BC. V5Z 3X7</p>	<p>Hours of operation*</p> <table border="1"> <tr> <td>Mon – Fri</td> <td>7:15 am – 3:00 pm</td> </tr> <tr> <td>Sat – Sun & Holidays</td> <td>7:15 am – 12:00 pm</td> </tr> </table> <p>* Hours of operation are subject to change * Please phone for hours of operation and services available for Statutory holidays</p>	Mon – Fri	7:15 am – 3:00 pm	Sat – Sun & Holidays	7:15 am – 12:00 pm
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Please present your care card at each visit					