

THIRD PARTY REQUISITION



Shaded area **MUST** be completed by client

PHN/Health Care Number		Appointment date & time: _____					
		Patient Arrival time: _____					
<input type="checkbox"/> M <input type="checkbox"/> F	Patient Legal Name (Last) (First) (Initial)		D O B	DD	MM	YY	Bill Type: CO <input checked="" type="checkbox"/> Company Company Name: GD Specialized Diag. Client # 37326 Enter Client # in LIS - Collection Location line 1.01
Address			City		Prov. Postal Code		
Chart # Adalimumab - Infliximab (Enter in LIS - Chart Field)			Patient Phone #		Lab #		
Ordering Physician GD Specialized Diagnostics			Physician Code E9655				
Ordering Address/Location 3885 Industriel Blvd., Laval, QC H7L 4S3			Report Location Code TMAI				Clinical Information:
Date Specimen Collected		Col. Location		Urine <input type="checkbox"/> Random <input type="checkbox"/> 24 hr (complete details below)			
DD MM YY				Total Volume: _____			
Time (24H)		Collector		Start Date and Time: _____			
Fasting # of Hours _____				End Date and Time: _____			

COMPANY REPRESENTATIVE:

1. Complete this requisition (*DynaLIFE_{Dx}*) with the patient's gender, legal name and date of birth.
2. Provide patient with *both* this requisition, the GD Specialized Diagnostics test requisition and the payment form.
3. Ensure the patient is familiar with the 'Patient' section below.

PATIENT INFORMATION:

1. Book an appointment for collection by phoning the Customer Call Centre @ (780) 702-4486 or 1-877-702-4486.
2. Bring both this requisition and the GD Specialized Diagnostics requisition, along with the completed payment form, to your laboratory appointment.

<u>TEST CODES</u>	DL LAB STAFF SPECIAL INSTRUCTIONS
<p>DTPHF <input checked="" type="checkbox"/> Collection Fee</p> <p>DHF <input checked="" type="checkbox"/> Processing Fee</p> <p>TPKIT <input checked="" type="checkbox"/> Lab Kit</p> <p>XTRA <input checked="" type="checkbox"/> Extra Label</p>	<p>PCC STAFF: COLLECTION KIT IS NOT PROVIDED</p> <ol style="list-style-type: none"> 1. Data enter this requisition using the test codes provided and include your sites Third Party workload code. 2. Indicate the date and time of collection on both this requisition and the GD Specialized Diagnostics requisition provided by the patient. 3. Collect one 5mL gold top tube from your supplies. Label sample and one 10mL pour off tube with "patient's full name, PHN and date of birth". 4. Allow tube to clot (minimum 30min but no longer than 1 hour) and then centrifuge. Transfer the serum into the labelled 10mL pour off tube (transport vial). Note: minimum of 1 mL serum is required. 5. Package the transport vial in a biohazard bag. Place <u>both the GD Specialized Diagnostics requisition and the payment form</u> (provided by the patient) into the pocket of the bag. Store frozen until courier pick up. 6. Forward to Base Lab on your next courier run. 7. Send this requisition to Base Lab using your regular Company (CO) billing procedures.
<p>SPECIMEN PROCESSING STAFF:</p> <p>Place sample in bucket in the -20°C freezer for batch shipments to GD Specialized Diagnostics.</p>	

PATIENT CARE CENTRES Locations and hours of visit www.dynalifedx.com

This requisition is valid at *DynaLIFE_{Dx}* Patient Care Centres only