

<b>BILL TO CONTRACT NUMBER:</b>	Ontario <b>AC909</b>	British Columbia <b>A8409</b>	Saskatchewan <b>AC907</b>	<b>LifeLabs Demographic Label</b>
<b>ORDERING PHYSICIAN #</b>				
<b>ORDERING PHYSICIAN EMAIL</b>				
<b>ORDERING PHYSICIAN NAME AND ADDRESS:</b>	Tel: _____ Fax: _____			<b>LifeLabs Billing Label (ON)</b>
<b>PHYSICIAN SIGNATURE:</b>	My signature below confirms that this test is medically necessary for the purpose of maintaining health, preventing disease, or treating the illness of this patient <b>Please sign here</b> _____ Date: _____			
<b>PATIENT INFORMATION</b>				<b>LifeLabs Physician Summary Label (BC)</b>
Patient Last Name:	Patient First Name:	Patient Telephone:		
Date of Birth (YYYYMMDD)	Patient Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Health Card #:		
Address:		City:	Prov.: Postal Code:	
<b>LifeLabs Test List/Test Summary Label</b>				

<b>INSTRUCTIONS FOR SASKATCHEWAN PATIENTS</b>	
SK Patients: Please take this requisition <b>Monday – Wednesday before 1pm</b> to the designated collection sites listed below. LifeLabs (Midtown PSC) 5-29 23 <sup>rd</sup> St. E., Saskatoon      LifeLabs (Towers PSC) 2723 Avonhurst Drive, Regina	

<b>TEST REQUESTED</b>										
<input checked="" type="checkbox"/> <b>Follow IT Collection Fee-Must collect 2 FULL 10ml Cell-Free DNA BCT Streck tubes</b> Samples are stable at room temperature for up to 5 days							ON Test Code <b>5896</b>	BC Mnemonic <b>FLWIT</b>		
<b>Collection Date</b>	<b>MM</b>	<b>DD</b>	<b>YYYY</b>	<b>Collection Time</b>	<b>HH</b>	<b>MM</b>	<b>Collector Name</b>			
<b>Reason for Referral</b>					<b>Diagnosis and Clinical History</b>					
<input type="checkbox"/> Therapeutic target identification <input type="checkbox"/> Acquired resistance to drug (please specify) _____ <input type="checkbox"/> Other (please specify) _____					<input type="checkbox"/> Non-small cell lung cancer <input type="checkbox"/> Stage IV <input type="checkbox"/> Relapse <input type="checkbox"/> Refractory <input type="checkbox"/> Other (please specify) _____					
<b>Additional Clinical Information</b>					<b>Previous Molecular Testing</b>					
Indicate all that apply and include pathology report. <input type="checkbox"/> Metastasis <input type="checkbox"/> Undergoing treatment Please indicate chemotherapy drug(s): _____					Including IHC, FISH, and other molecular assays, such as: EGFR, KRAS, ER, PR, HER2 <input type="checkbox"/> None performed <input type="checkbox"/> Yes (Please provide details below and attach copy of results with TRF): _____					

**Clinic Instructions for Ordering:**

- Complete this requisition (1 page), all fields are mandatory.
- To provide notice of incoming sample, please fax requisition and a copy of the pathology report to Canexia Health (1-778-379-3567).
- Provide requisition to patient and have them visit their local LifeLabs patient service centre for collection. Patients can book an appointment online or use the LifeLabs 'Save My Spot' mobile app.

**If you have any questions, please contact Canexia:** Tel: 1-778-379-2931; Fax: 1-778-379-3567 email: test@canexiahealth.com

**ON Collection Instructions** – Collect Monday to Wednesday only. Photocopy requisition and include one copy with samples. Samples must be sent to IRL on the day of collection at room temperature.

**BC Collection Instructions** – Collect Monday to Friday only. Photocopy requisition and include one copy with samples. Samples must be sent to BRL on the day of collection at room temperature.

**SK Collection Instructions** – Collect Monday to Wednesday only. Photocopy requisition and include one copy with samples. Store samples at room temperature. Ship samples same day of collection to LifeLabs ON at room temperature.

**SK FedEx Tracking#** \_\_\_\_\_

This LifeLabs requisition is valid within Ontario, British Columbia and Saskatchewan LifeLabs Locations Only

We collect use and disclose your personal information in accordance with Ontario privacy laws. We only collect and use your personal health information: to verify your identity; accurately match your specimen with your results; follow-up for testing; enable payment; use of specimen for quality assurance and book and confirm appointments. We may also use population-level, aggregate information to evaluate our performance, contribute to health system improvement and to support market research. We disclose your results information to healthcare practitioners involved in providing care. If we are asked to disclose personal health information about you for another reason, other than as required or permitted by law, we will contact you to obtain your consent. Our privacy policy is available at [www.lifelabs.com](http://www.lifelabs.com). Samples may be referred to a testing laboratory outside of Ontario (to another province or Country). By agreeing to move forward with the laboratory test, you agree to the terms set out above.