

<p align="center"><b>Formats and Information for <u>Laboratory Requisitions</u></b>  <b><u>Obtaining Laboratory Requisitions</u></b></p>			
<p align="center">Compliance with providing this information will greatly reduce the probability of requisition rejection.</p>			
Requisition Field	Description	Formats	Additional Information
<p><b>Patient's first and second identifier</b></p> <p>Exceptions: anonymous and unidentified protocol patients.</p>	<p>Ensures correct patient identification</p>	<p>Name format: last name, first name and date of birth (DOB)</p>	<p>Unique identification of the patient is important and must be full legal name (including hyphenated) Use name that appears on unique identification used to identify the patient.</p> <p><b>Name and DOB on requisition and specimen label must be identical <u>Do not use</u> nicknames, or initials.</b></p>
<p><b>Patient's third identifier</b></p> <p>Exceptions: anonymous and unidentified protocol patients.</p>	<p>Ensures correct patient identification</p>		<p>Preferably Health Card Number RCMP number or Armed Forces number Government issued ID such as: Indigenous Status Card Student Visa number Work Visa number</p> <p><b>All identifiers on requisition and specimen label must be identical.</b></p>
<p><b>Test(s) requested</b></p>	<p>Specific test(s) needs to be included to prevent delays. See <a href="#">Laboratory Test Utilization</a> webpage)</p>		<p>Several tests can be requested on one requisition. Some tests require a specific requisition. See Central Zone's <a href="#">Laboratory Test Catalogue</a> for more information.</p>
<p><b>Authorized Requestor's/client information</b></p>	<p>Routes results to the correct location/provider.</p>	<p>Name format: last name, first name</p>	<p>License Number and correction location of requesting physician</p>

Required Formats and Information for Laboratory Requisitions

Final Approval: Dr. Irene A Sadek

<p><b>Signatures on requisition of the collector and a witness for Blood Transfusion Specimens</b></p>	<p>Best practice</p>		<p>Signature of collector and witness See <a href="#">NSHA CL-BP-040 Venipuncture for Blood Specimen Collection Policy</a></p>
<p><b>Date and time of collection</b></p>	<p>Identify the point in time that the specimen was collected.</p>	<p>Date format: YYYY/MMM/DD Time format: 24 hour</p>	<p>Any wrong data will be rejected. Provides relevant information required for testing. Example: stability of analyte.</p> <p><b>Do not prefill requisition with date and time before collection.</b></p>

Other Requested Information			
Requisition Field	Description	Formats	Additional Information
<b>Test Priority</b>	Ensures testing is prioritized to meet the need of patient.		<p><b>Priority definitions:</b> Refer to <a href="#">Laboratory Testing Priorities</a> for more information.</p> <p><a href="#">Nova Scotia Health - Central Zone Laboratory tests turnaround time standards</a> (TAT)</p>
<b>Standing order request</b>	Ensures the requisition stays active, up to one year, for further testing.		<p>Check box</p> <p>Indicate test and frequency</p> <p>Example: weekly, monthly, biweekly on Thursday...</p>
<b>Patient's sex</b> (assigned at birth)	Reference ranges can be based on sex and age.	Sex format: Male, Female	Do not use M or F or other symbols
<b>Additional physician's information if copy of report required</b>	Report results to the correct location/provider.	Name format: last name, first name	License Number and correction location of requesting physician
<b>Appropriate clinical information</b>	Informs how the specimen is processed or results interpreted.		Clinical History Example: Fasting, Anticoagulation Therapy, Pregnancy, previous transfusions, sensitization history, recent travel etc.
<b>Type of specimen and the anatomical site of origin (when appropriate)</b>	Determine how the specimen is processed or results interpreted.		Example: peritoneal fluid, throat swab, blood culture left arm.
<b>Collector location/facility</b>	Collection location		Identification of facility where collection occurred.
<b>Collector identification</b>	Traceability of specimen collector	Name format: last name, first name	<ul style="list-style-type: none"> <li>• Full name of the person that collected the specimen</li> <li>• Assigned Nova Scotia Health - Central Zone Laboratory Information System username</li> <li>• Legible signature</li> </ul>

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<b>Billing information (if not being billed to NS Provincial Health Care System)</b>	Ensures appropriate billing for the test.		License number, insurance provider or complete billing information (name, address). Example: patient self-pay for testing
<b>Patient's contact information and Physician's phone number</b>	Ensures physician or patient can be contacted in the event of critical results.		Phone number where the patient can be reached within 12 hours from time of collection.
<b>Current Nova Scotia Health - Central Zone financial/account number</b>	Ensures selection of the correct Nova Scotia Health - Central Zone visit.		
<b>Alternate Destination of the report</b>	Ensures correct delivery of reports.		The report is to be sent to additional/alternate destinations the correct information must be supplied. Example: Inpatient report to be sent to Dialysis unit, copy of report to consulting physician. Alternate destination of the report only done for NS Clinics/NS Dr's identified in LIS by name and fax#.