ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Requisition Completion Aid

Scanning Label or Accession # *(lab only)*

Patient

PHN **12345-6789**	Expiry:	Date of Birth *(dd-Mon-yyyy)* **01 APR 2004**		
Legal Last Name **Sample**		Legal First Name **William**	Middle Name **George**	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone **xxx-xxx-xxxx**	
Address **111 My Avenue**		City/Town **Edmonton**	Prov **AB**	Postal Code **T2T 2T2**

Provider(s)

Authorizing Provider Name *(last, first, middle)* **Example, Doctor S**		Copy to Name *(last, first, middle)* **Example, Copy Provider**	Copy to Name *(last, first, middle)*
Address **1234 211 St, Edm, AB T3T 3T3**	Phone **xxx-xxx-xxxx**	Address **4567 89 Ave EDM, AB T5T 5T5**	Address
CC Provider ID **numeric digits** / CC Submitter ID **numeric digits**	Legacy ID	Phone **xxx-xxx-xxxx**	Phone
Clinic Name **Family Medicine Clinic**		Clinic Name **Associated Medical Clinic**	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

Required Provider Information Fields

- **Authorizing Provider:** The provider ordering the test and acting on the test result.
- **Connect Care (CC) Provider ID:** Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.
- **Connect Care (CC) Submitter ID:** Unique ID for the location or clinic and is used to route reports.

NOTE: Both Provider ID and Submitter ID are required to correctly route reports.

Copy To Provider(s)

Complete Name, Address and Clinic Name will assist in selecting the correct provider.

Patient Information Fields

- **PHN Expiry Date:** Required for patients with out-of-province healthcare insurance (if applicable).
- **Alternate Identifier:** Unique ID (ULI, MRN, government issued ID, etc.).
- **Preferred Name:** Use if the preferred name differs from legal name.
- **Gender: "Non-binary"** and **"Prefer not to disclose"** provide choices of response other than "male" or "female".