

## MED-HEALTH LABORATORIES LTD.

1216 Lawrence Ave. West, Toronto ON M6A 1E3. Tel: (416) 256-7278 Fax: (416) 256-7697

## COVID-19 (SARS-COV-2) Antibody Test Requisition

ALL Sections of this form must be completed at every visit

Test Fee (Ontario): \$60 (pay by cash, debit or credit)

To be paid upon sample collection

For specimen collection site please refer to the back.

Ordering Clinici Name:	an/Practitioner	
Phone:	Fax:	
Emergency Nun		
Clinician/Practit	tioner Number:	
CPSO Number:		
Copy to: Clinicia	an/Practitioner	
Name:	* "	
Address:		
		- 20
		- W
CPSO Number:		
Get your results	on result.mhla	b.ca
For more details	s, v <mark>isit <i>mhlab.ca</i></mark>	
• Boo	k An Appointme	ent
• Che	ck Your Result	
• Mak	ce A Payment	
I hereby certify th	ne tests ordered a	are not for registered in
or out patients of	f a hospital.	

The personal health information is collected under the authority of the personal Health information Protection Ac, s.36(1)(c)(iii) for the purpose of the clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO customer service at 416-235-6556 or toll free 1-877-604-4567.

Laboratory Use Only	
Service Date: (YYYY/MM/DD)	PLACE LABORATORY BARCODE HERE
LOC:	

Patient Information
Health Card No.& VC:
Last Name:
First Name:
Middle Name:
Date of Birth(YYYY/MM/DD):
Sex: M F
Address:
Contact Number:
Specimen Type
Specimen Collection Date(YYYY/MM/DD):
Specimen Type: Serum/Clotted Blood Container: SST (One Yellow Top) Volume: 2.00 mL
Specimen Preparation: Centrifuge Storage and Transport: Store and ship refrigerated
<b>TEST PREPARATION INSTRUCTIONS:</b> It is recommended that SARS-CoV-2 antibody testing not be performed until at least 14 days post symptom onset or following exposure to

Laboratory Use	e Only:		

individuals with confirmed COVID-19.