FlowLabs Laboratory Requisition
ADVANCED LABORATORY DIAGNOSTICS Requisitioning Clinician/Practitioner

Laboratory Use Only

Name

Address

Clinician/Practitioner's Contact Number for Urgent Results

Service Date yyyy mm dd

Clinician/Practitioner Number | CPSO / Registration No.

Health Number | Version | Sex ☐ Male ☐ Female | Date of Birth yyyy mm dd

Check (✔) one:
☐ OHIP/Insured ☐ Third Party / Uninsured ☐ WSIB

Province | Other Provincial Registration Number | Patient's Telephone Contact Number ( )

Additional Clinical Information *(e.g. diagnosis)*

Patient's Last Name *(as per OHIP Card)*

Patient's First & Middle Names *(as per OHIP Card)*

☐ Copy to: Clinician/Practitioner
Last Name First Name

Address

Patient's Address *(including Postal Code)*

Male Infertility Investigation:

- ☐ Semen analysis (count, motility & morphology)
- ☐ Anti-sperm antibodies (IgG, IgA)
- ☐ Post-ejaculate urine cytology (identification of spermatozoa)
- ☐ DNA Integrity Assay (non-OHIP insured)

Post-vasectomy Testing:

- ☐ Smear for identification of spermatozoa

Cytology:

- ☐ Urine

Instructions:

FlowLabs has private, on-site collection rooms specifically designed for your comfort for collection of semen samples. Collecting at our facility limits the exposure of the sample to outside contaminates, temperature fluctuations, and controls the time between collection and analysis. A sample may be collected at home in **exceptional** circumstances. We ask that you abstain from any form of ejaculation for 2-5 days before a semen collection. Semen analysis requires an appointment. **Please visit www.FlowLabs.ca to book your appointment.**

Toronto Location
790 Bay Street, Suite 935
Toronto, ON
O) 416 581 8099
F) 416 581 0096

Kingston Location
1473 John Counter Blvd., Ste. 202
Kingston, ON
O) 613 417 0444
F) 613 417 1932

Oshawa Location
117 King Street East, West Wing, 2nd Floor
Oshawa, ON
O) 905 404 5454
F) 905 404 1096

Remember to have your OHIP card and completed laboratory requisition form with you when you come to the laboratory.
For tests not covered by OHIP (DNA Integrity Assay) and for clients without OHIP coverage payment in full is required on the day of your appointment.

I hereby certify that the tests ordered are not for registered in- or out-patients of a hospital.

X _____ _____
Clinician/Practitioner Signature Date