

This requisition should be filled out by an authorized health care provider ONLY (ie, physician)



Laboratory Use Only

*** Please book your appointment with Flowlabs 2 weeks prior to your follow up with your doctor***

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

M F

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)

Copy to: Clinician/Practitioner

Last Name

First Name

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

Address

Patient's Address (including Postal Code)

Male Infertility Investigation:

- Semen analysis (count, motility & morphology, IgG, IgA)
- Post-ejaculate urine cytology (identification of spermatozoa)
- Semen analysis and DNA Integrity Assay/DFI (Not an OHIP insured test. Please pay FlowLabs \$200 prior to testing)
- Aneuploidy (Not an OHIP insured test. Please pay Flowlabs \$750 prior to testing)

Post-vasectomy Testing:

- Smear for identification of spermatozoa

Note: All additional doctors who require your test results must be indicated on the requisition. FlowLabs cannot take over-the-phone requests. Doctors requesting results that are not included on the requisition must send in a release of information signed by the patient giving us written permission to release results.

Instructions:

FlowLabs is **now primarily accepting dropped off samples**. To arrange for testing or booking an appointment, please visit www.flowlabs.ca and register. Ensure you have your original requisition and valid health card on hand when registering and ordering your collection kit. You will be required to upload these documents to the website to receive your kit in a timely manner. To book an appointment sign in to the patient login using the credentials emailed to you during registration. **Samples will not be accepted without a drop off appointment.**

All questions and inquires can be addressed by emailing info@flowlabs.ca or by calling 416-581-0000. All emails and phone calls will be returned in 1-2 business days. To purchase supplements, non-toxic condoms, or to provide payment for non-OHIP covered tests, please visit: www.flowlabs.ca.

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

X _____
Clinician/Practitioner Signature

Date