

Place bar code label here	Date of Service:		Collection Time:	
	(AAAA/MM/JJ)		(HH:MM)	

Collection Information				
Samples Collected:	SST #	LAV #	Urine #	Other (specify):
Additional Collector Comments:				

Patient Information				<input type="checkbox"/> Patient ID Verified
Last Name:	Nyhof		First Name:	Jennifer joy brenley
Date of Birth (YYYY/MM/DD):	1982/06/14		Biological Sex Assigned at Birth:	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address:	,			
City:		Province:	Manitoba	Postal Code: Phone: +14312786383

Physician Information				
Physician #:	889549		Physician Name:	DR. G.A. JOHNSON
Physician Address:	Wessex House, Teign Road, Newton Abbot, Devon England TQ12 4AA			
cc. Physician #:		cc. Name:		cc. Fax:

Client Information			
Client Name:	Harley Street Health Checks		Client Account #:
Client Address:	Wessex House, Teign Road, Newton Abbot, Devon England, TQ12 4AA		
Additional Patient Info (Lab to enter remarks):		LRCA310822-1	

Tests Requested: Mark "X" inside the box to indicate test requested		
X	Test Code	Test Name
<input checked="" type="checkbox"/>	AFEE	ADMINISTRATION FEE
<input checked="" type="checkbox"/>	COLL	COLLECTION FEE
<input checked="" type="checkbox"/>	PM53	Biochemistry and Haematology Profile II