



Date (YYYY / MM / DD)

PRACTITIONER INFORMATION

Practitioner Name		MSP Practitioner Number	
Primary Clinic Name			
Address		City	Postal Code
Phone Number	After Hours Number	<input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Service	Fax Number
Report Return Method <input type="checkbox"/> Excelleris <input type="checkbox"/> Auto Fax <input type="checkbox"/> Hard Copy Delivery			

ADDITIONAL CLINICS (IF APPLICABLE)

Clinic Name			
Address		City	Postal Code
Phone Number	After Hours Number	<input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Service	Fax Number
Report Return Method <input type="checkbox"/> Excelleris <input type="checkbox"/> Auto Fax <input type="checkbox"/> Hard Copy Delivery			
Clinic Name			
Address		City	Postal Code
Phone Number	After Hours Number	<input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Service	Fax Number
Report Return Method <input type="checkbox"/> Excelleris <input type="checkbox"/> Auto Fax <input type="checkbox"/> Hard Copy Delivery			

Please fax or email the completed form to applicable community laboratories

Laboratory	Fax Number	Email
LifeLabs	604-412-4445	CICBRL@lifelabs.com
Valley Medical Laboratories	250-862-2843	info@vmlabs.ca
PHSA Public Health Laboratory	604-707-2601	labphysupdates@phsa.ca