



NL Health Services

FERTILITY SERVICES Specimen Collection Requisition

35 Major's Path, St. John's, NL A1A 4Z9 Telephone: (709) 777-7444 Fax: (709) 752-3648



FR1290 1138 02 2015

Completion of * fields is mandatory - Patient's Name, HCN, Physician's first and last name and date of request.

When sending specimens to the laboratory, date of birth and health card expiry date are also required.

BRING YOUR MCP AND HOSPITAL CARDS WHEN YOU GO FOR YOUR LAB TEST. If fasting is required – do not eat or drink anything (except water or medications) for the time period indicated. If you have any questions call

PATIENT INFORMATION section with fields for name, health care number, date of birth, and various medical tests like Day 3 Hormones, Progesterone, BHCg, Prenatal Screening, etc.

Testing may be delayed or not performed if the requisition is illegible, information is missing, or the specimen is mislabeled.