

In-Common Laboratories 57 Gervais Drive North York, ON M3C 1Z2 416-422-3000 ext. 300

St. Michael's Hospital

Chemistry Laboratory, 30 Bond Street, Toronto, ON, M5B 1W8

Contact: Denise Wilson Phone: 416-864-5082 Fax: 416-864-5083

Patient Information

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Sample Label	Patient (Print Clearly) Last Name			First Name	Middle Initial
	Sample Number	r	Health C	ard Number	
	Gender Male	Date Of Birth	n (dd/mm	/үүүү)	Age
	Collection Date	ate (dd/mm/yyyy)		Collection Time	
	Referring Physic	cian Last nan	ne	First Name	Middle Initial
Tests Required					
Beta-2 Transferrin, fluid -STAT					

NOTE:

- Priority testing requested, sample to be sent directly to Scarborough General Hospital by St. Michael's Hospital.
- Order, reporting and billing to be handled by ICL interface