

Laboratory Service Requests Intake Form

Instruction

Please submit your completed form to: PHOL_Research@oahpp.ca.

Requester Information

Name:

Title:

Facility / Organization:

Tel:

Address:

Fax
(Required field):

City:

Email:

Postal Code:

Province:

Laboratory Services

Number of Samples to be tested: Describe the analysis requested (e.g., fungal culture):

Test name on PHO's Test Information Index
www.publichealthontario.ca/en/laboratory-services/test-information-index:

Number of Samples to be tested: Describe the analysis requested (e.g., fungal culture): Test name on PHO's Test Information Index
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Duration of service term (years)
(Required field):

Expected Service Start Date:

Purpose / Reason for Testing:

Please make a selection (Required field):

QA / QC

Validation / Discordant Results

Out-of-province Diagnostic / Reference Testing

Research

If Research is selected, please include all of the following:

Research Protocol

Ethics Application / Approval

Approval letters

Other Please specify:

Additional Information:

After Submission:

Your request will be forwarded to the relevant Laboratory Department for review, approval and pricing.