

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

Ordering Location Information	n				
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Label	Patient (Print Clearly) Last Name		First Name Middle Initial		
	Specimen Number	Specimen Number		Health Card Number	
	Sex Male Female	` · · · · · · · · · · · · · · · · · · ·			
	Collection Date (dd/	mm/yyyy)	Collection Time		
	Referring Physician	Last Name	First Name	Middle Initial	
ests Required (Indicate Test Na	me and ICL Test ID)				
1					
7					
<u> </u>					
<u> </u>					
			24 Hour Urine		
_			Total Volume:		
<u></u>			Start Date/Time		
				•	
			End Date/Time:		