

# Intake Form for Laboratory Service Requests

Please submit your completed form to: [PHOL\\_Research@oahpp.ca](mailto:PHOL_Research@oahpp.ca)

## Requester Information:

Name:

Title:

Facility/Organization:

Phone:

Fax:

Email:

Address:

## Laboratory Services:

Number of samples to be tested:	Describe the analysis requested (e.g. Fungal culture):	Test name on PHO's Test Information Index <a href="https://www.publichealthontario.ca/en/laboratory-services/test-information-index">https://www.publichealthontario.ca/en/laboratory-services/test-information-index</a>

Date service is expected to begin:

Will the service be required for more than one year?

Yes

No

If yes, please specify the estimated 'end' date:

Purpose/Reason for Testing:

QA/QC

Validation/Discordant Results

Research\*

Out-of-Province Diagnostic/Reference Testing

Other

Additional Information:

\* If your request is for research purposes, please include its Research Protocol, Ethics Application and Approval Letter, as provided by your organization.

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