

ationt Doministics

or more information: 1-647-40	13185 ·	Patient Requisitio	on		
Report to Physician #:	Physician OHIP- Physician`s : E Other Province	mail:		CMID INC.	
Ordering Physician Name:	Name:			- Label	
Ordering Physician	Address:			-	
Address:	L .	_			
	Tel:	Fax:			
Physician Signature:				Additional Info/ Label (if needed)	
Copy to (Name):	Name:				
Bill to:	Patient to Pay (type of Pay): (Bill to Clinic):			
Patient Name (Last, First):				Date of Birth://_	
Provincial Health Number:				Sex: M F	
Patient address:				Telephone #:	
Patient information (REQUIRE	D): Is the p	patient Diabetic? ☐ Yes ☐ No			
Reason for testing (select all	that apply):	Ethnicity (select all that apply):			
☐ Family history		□NorthernEuropean e.g. British, Germa	n □Southeas	t Asian <i>e.g. Filipino, Vietnamese</i>	
☐ Screening		☐ Southern European <i>e.g. Italian, Greek</i>	☐ African or	African American	
Consanguinity		☐ French Canadian or Cajun	Hispanic		
Supervision, normal high	risk	□AshkenaziJewish	☐ Middle Ea		
Supervision, diabetic		☐ Other/Mixed Caucasian	□ Native An		
High risk ethnicity		□ East Asian <i>e.g. Chinese, Japanese</i>		☐ Pacific Islander	
Other		□South Asian <i>e.g. Indian, Pakistani</i>	□ Unknown		
		TESTS REQUESTED		1	
☐ Cytokine Biochip Array	(12 cytokines)			Sample Type	
☐ Other Arrays/or tests				□ Serum	
				□ Plasma	
Sample Type: □Blood	(EDTA: 4mL)	□ Others		□ Others	
Comments:		_/_/ MM/DD/YY	/Y Y		
		:			
Date Blood Collected (MM	1/DD/YYYY) T	ime Blood Collected (HH:MM)	Collector's Nan	ne	
TIENT CONSENT: Ihave read a	(Testing performed a	OPY REQUISITION AND INCLUDE ORIGINAL WI at 4040 Finch Ave E. Suite #108 (LL5), Scarbord Consent Form, which is available at Canada M	ough, ON, M1S 4V5, Cana		

physician. I understand that 1 blood sample or any other body fluid will be taken by the healthcare practitioner, physician and/or a lab staff member. I acknowledge that my sample and personal health information will be sent to Canada Metabolic Inflammation Diagnostics Inc. for the purpose of testing at lab in Canada (address above). I also understand that Canada Metabolic Inflammation Diagnostics Inc. will contact me for a new blood sample if a test result cannot be provided from the original sample provided. Lacknowledge that Canada Metabolic Inflammation Diagnostics Inc. will send the result to my ordering physician. Lacknowledge that Lam responsible for the full cost of testing.

CMID INC. Requisition v 2 October 1st, 2021

The minimum amount of patient information	n is collected for provision of the service requested. This	s information is considered conf	idential. Unauthorized use and disclosure is prohibited.
Patient Sign Here:		Date:	