

**University Health Network and Mount Sinai Hospital
Department of Microbiology**

600 University Avenue, Toronto, Ontario, M5G 1X5
Tel: (416) 586-4432 Fax: (416) 586-3138
Monday-Friday 8:00am-4:00pm

REQUISITION FOR REFER-IN TESTING

600 University Avenue, Room 1470

Deliver to **Microbiology Specimen Receiving Area** on 14th Floor (accessed by Main Elevators)
Leave samples in box marked "TGLN Samples." Ring doorbell and leave.

| |
|---|
| Specimen Type: |
| DATE (yy/mm/dd) and TIME (hr/min) COLLECTED: Date: _____ Time: _____ |
| UHN / MSH LAB #: |
| Sender's Lab # |

| | |
|--|---|
| DONOR NUMBER: | |
| DATE OF BIRTH (yyyy/mm/dd) | Sex: M / F / Unk |
| CLINIC: MORE Trillium Gift of Life | Requesting PHYSICIAN: TRED0 Dr. Darin Treleaven |
| Sender's PHONE #: 416-363-4438 | Sender's FAX #: 416-214-7797 |

Please indicate Test Request:

- COVID Detection
- COVID - Luminex Aries Platform