ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

APL Third Party
MaterniT Prenatal Kit Requisition

Scanning Label or Accession # *(lab only)*

The patient must be at least 9 weeks gestation at the time of collection

Patient	PHN / Healthcare Number Expiry:	Date of Birth *(dd-Mon-yyyy)*		
	Legal Last Name	Legal First Name	Middle Name	
	Alternate Identifier	☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to Disclose	Phone	Address
	City / Town	Province	Postal Code	Chart Number – **ENTER IN CHART FIELD IN LIS** **MaterniT Prenatal Kit**
Provider	Submitter ID **4007**	Submitter **Dynacare Genetics and Specialty Services**		Phone **1-888-988-1888**
	Provider ID **12300005**	Authorizing Provider Name **Lab Billing Provider**		Bill Type **Client Bill**

Collection	Date (dd-Mon-yyyy)	Time *(24 hr)*	Location	Collector ID & Initials	Fasting Hours

Client or Physician Information	• Complete the patient information section of this form. • Complete the Dynacare MaterniT Prenatal Test Requisition. • Provide the patient with *both* documents and ensure patient is familiar with the section below.
Patient Information	**Collections are Monday, Tuesday, Wednesday and BEFORE NOON on Thursday (excluding statuary holidays)** • You must book an appointment for collection by calling 1-877-702-4486 and indicating you have a 'MaterniT Kit Collection'. • If you did not pay for the test online, please complete the payment authorization form included in the kit. • Bring the APL Third Party MaterniT Prenatal Kit Requisition, the Dynacare MaterniT Prenatal Test Requisition, the Dynacare payment authorization form (if applicable) and the kit to your lab appointment.
APL Data Entry	• Do not charge the patient for the kit collection. • Use **Req Entry** (Non-Participating Submitter)

LABID	Procedure Description
LAB71878	Third Party Collection and Handling Fee
LAB71886	Third Party Packaging Fee

Specimen Requirements and Handling	• Use the MaterniT kit provided by the patient.
	• Indicate the date and time of collection on both this requisition and the Dynacare MaterniT Prenatal Test requisition.
	• Collect specimen as per kit instructions. Ensure tube is filled to capacity.
	• Package the specimen as per kit instructions and forward to Pre and Post Analytics (PPA) for shipping. Ensure the following paperwork is included in the MaterniT kit box:
	  ○ Dynacare MaterniT Prenatal Test Requisition
	  ○ Photocopy of this APL Third Party MaterniT Prenatal Kit Requisition
	  ○ Prepaid Purolator waybill or sticker
	  ○ Dynacare Payment Authorization form – if provided by the patient
	• **Send the original APL Third Party MaterniT Prenatal Kit Requisition for scanning** using the established Third Party process.

Shipping (PPA Staff)	• Package and ship the specimens on the day of collection using the Purolator waybill or sticker provided in the kit. If received after the courier cut-off, store at **room temperature** until the next available shipping day. • Do not ship on Fridays, weekends and/or stat holidays. **Dynacare Genetics and Specialty Services** **130 – 275, boul. Armand-Frappier** **Laval, QC H7V 4A7**

This requisition is only valid at APL <u>Community</u> Patient Service Centres