



COVID-19 ANTIBODY SEROLOGY

Patient Information:

PHN:

Province:

First name:

Last Name:

Phone Number:

Date of Birth (DD/MMM/YYYY):

Gender (M/F/X):

Covid-19 Serology testing is available as a private pay test through Life Labs. A completed and prepaid Life Labs Covid-19 Serology requisition is required and must accompany the sample.

Valley Medical Laboratories collection fee: \$25.00

Payment: Visa

Master Card

Card Number:

Expiry (MM/YY):

I hereby authorize the above payment

Signature: _____

Please complete all areas. Print and sign form prior to attending the lab.