

ONE Labs Service Enrolment

Use this form to enrol an existing registrant into the ONE Labs service sponsored by a health care provider.

Form Completion Instructions

Before proceeding with the enrolment request, the user must be registered with a @oneid.on.ca account. If user is not registered, please do so using the LRA online tool.

1. This form must be completed for each existing registrant.
2. All fields must be completed as specified.
3. The Local Registration Authority can email the completed form to ONEIDRegistrationAgents@ontariohealth.ca for processing.

Do not submit any personal information via email including: Gender, Date of Birth, and Identity Document Information

Part 1 – Registrant Details

First Name	Last Name
Login ID (firstname.lastname@oneid.on.ca)	

Part 2 – Sponsor Information

Sponsoring Organization Name and Location (e.g. Twin Falls Health Sciences Network – ABC General Hospital)

ONE Labs Enrolment Request

Please select one or more roles

- Clinician Lab Validator Lab Validator - CST

Part 3 – Local Registration Authority Information

First Name	Last Name
Login ID (firstname.lastname@oneid.on.ca)	