

# General Test Requisition

**ALL sections** of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: [publichealthontario.ca/requisitions](http://publichealthontario.ca/requisitions)

### Ordering Healthcare Provider Information

Licence No.: \_\_\_\_\_ Healthcare Provider Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.: \_\_\_\_\_ Lab / Health Unit / Other Authorized Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Patient Setting

|                     |  |                           |
|---------------------|--|---------------------------|
| Clinic / Community  | ER (Not Admitted / Not Yet Determined) | ER (Admitted)             |
| Inpatient (Non-ICU) | ICU / CCU                              | Congregate Living Setting |

### Testing Indication(s) / Criteria

|                       |                   |               |                          |
|-----------------------|-------------------|---------------|--------------------------|
| Diagnosis             | Screening         | Immune Status | Follow-up / Convalescent |
| Pregnancy / Perinatal | Impaired Immunity | Post-mortem   |                          |

Other (Specify): \_\_\_\_\_

### Signs / Symptoms

|                     |                                   |           |                           |
|---------------------|-----------------------------------|-----------|---------------------------|
| No Signs / Symptoms | ★ <b>Onset Date (yyyy-mm-dd):</b> |           |                           |
|                     | Fever                             | Rash      | STI                       |
| Gastrointestinal    | Respiratory                       | Hepatitis | Meningitis / Encephalitis |

Other (Specify): \_\_\_\_\_

### Relevant Exposure(s)

|                       |   |        |         |
|-----------------------|---|--------|---------|
| None / Not Applicable | Most Recent Date (yyyy-mm-dd):                        |        |         |
|                       | Occupational Exposure / Needlestick Injury (Specify): | Source | Exposed |

Other (Specify): \_\_\_\_\_

### Relevant Travel(s)

|                       |                                |  |
|-----------------------|--------------------------------|--|
| None / Not Applicable | Most Recent Date (yyyy-mm-dd): |  |
|-----------------------|--------------------------------|--|

Travel Details: \_\_\_\_\_

### For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd): \_\_\_\_\_ PHO Lab No.: \_\_\_\_\_

### Patient Information

Health Card No.: \_\_\_\_\_

Date of Birth (yyyy-mm-dd): \_\_\_\_\_ Sex: Male

Medical Record No.: \_\_\_\_\_ Female

Last Name (per health card): \_\_\_\_\_

First Name (per health card): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Tel: \_\_\_\_\_

### Investigation / Outbreak No. from PHO or Health Unit (if applicable):

### Specimen Information

| ★ <b>Date Collected (yyyy-mm-dd):</b> | <b>Submitter Lab No.:</b> |                              |
|---------------------------------------|---------------------------|------------------------------|
| Whole Blood                           | Serum                     | Plasma                       |
| Bone Marrow                           | Cerebrospinal Fluid (CSF) | Nasopharyngeal Swab (NPS)    |
| Oropharyngeal / Throat Swab           | Sputum                    | Bronchoalveolar Lavage (BAL) |
| Endocervical Swab                     | Vaginal Swab              | Urethral Swab                |
| Urine                                 | Rectal Swab               | Faeces                       |

Other (Specify type AND body location): \_\_\_\_\_

### Test(s) Requested

Enter each assay as per the [publichealthontario.ca/testdirectory](http://publichealthontario.ca/testdirectory):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### For routine hepatitis A, B or C serology, complete this section instead:

|                    |  |  |
|--------------------|--|--|
| <b>Hepatitis A</b> | Immune Status (HAV IgG)  | Acute Infection (HAV IgM, signs/symptoms info)                 |
| <b>Hepatitis B</b> | Immune Status (anti-HBs)   | Chronic Infection (HBsAg + total anti-HBc)                     |
|                    | Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)                                      | Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc) |
| <b>Hepatitis C</b> | Current / Past Infection (HCV total antibodies)<br>No immune status test for HCV is currently available. |  |