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Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4 **BC Centre for Disease Control** www.bccdc.ca/publichealthlab

Serology Screening Requisition

Highlighted fields must be completed

Section 1 - Patient/Provider Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

PERSONAL HEALTH NUMBER (or out-of province Health Number)			DATE RECEIVED			
PATIENT SURNAME						
PATIENT FIRST AND MIDDLE NAME	СІТҮ	PROVI	NCE		ORATORY SE ONLY	
DOB DD MMM YYYY SEX M F X Unk	POSTAL CODE	CONT	ACT NO. (XXX) XXX-XXXX			
SAMPLE REF. NO. DATE COLLECTED (DD/MMM/YYYY) Unk		F <mark>IME COLLEC</mark> HH:MM) U	TED nk			
(Name, Address / MSP#/ PHSA Cli 1. 2. 3.					LINIC: (Limit of 3 copies available)	
I am a Locum (provide name of Practitioner and Clinic to receive report) Signature of Ordering Practitioner Date signature Section 2 - Clinical Information Signature of Ordering Practitioner Date signature				TE SIGNED		
Reason for Test NEEDLESTICK Outbreak/Cluster/Event			Clinical Information Rash symptoms STI contact STI symptoms			
Prenatal Other, specify: Recent Travel History (Date/Location)				n)	Onset Date (DD/MMM/YYYY)	

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING	HEPATITIS SEROLOGY	OTHER SEROLOGY				
(PRENAT)	(Serum)	Immunity	Acute			
HIV HIVCC	Acute - undefined etiology HBsAq, Anti-HBc Total, HEPSB	CMV IgG CMVIGB				
HIV Non-Nominal Reporting HIVCC	Anti-HBs, Anti-HCV, Anti-HAV IgM					
HBsAg HBVP	Chronic - undefined etiology	EBV IgG EBGSB	EBV IgM EBVSP			
Rubella IgG	HBsAg, Anti-HBc Total DHEPCH Anti-HBs, Anti-HCV	Measles IgG MIGB (Rubeola)	Measles IgM MEASP (Rubeola)			
Syphilis Antibody TPE	Hepatitis B Screen Panel	Mumps IgG MUIGB	Mumps IgM MUMPS			
(1st Trimester)	HBsAg, Anti-HBs, Anti-HBc Total	Parvo B19 IgG PARVGB	Parvo B19 IgM PARVP			
Other Tests, specify:	Anti-hepatitis A Total	Rubella IgG RUBEB	Rubella IgM			
	(Immune Status)	Toxoplasma IgG TOXGSB	Toxoplasma IgM TOXMSB			
	Anti-hepatitis A IgM HAVMB	Varicella IgG VZIGB				
PERINATAL SYPHILIS	(Acute Infection)					
Perinatal PDSYP (>35 weeks/at delivery)	HBsAg Only HBVSA					
	Anti-HBs HBSAB		HSV Type Specific IgG HSVTSS			
SYPHILIS ANTIBODY	HBeAg HBXEA	OTHER TESTS (Specify)				
Routine TPE	(Therapeutic Monitoring)					
(Non Prenatal)	Anti-HBe HBXEB					
HIV (Non Prenatal)	(Therapeutic Monitoring)	For other available tests and sample collection information, consult the Public Health Laboratory's <i>eLab Handbook</i> at				
	Anti-HCV HEPCB					
HIV HIVCC HEPATITIS C PCR		www.elabhandbook.info/PHSA/Default.aspx				
Note: Patient has the legal right to choose	(EDTA Plasma)					
not to have their name reported to public health = non-nominal reporting HCV RNA Quantitative		The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition.				
Non-Nominal HIVCC	(For diagnosis and monitoring)	The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use				
Reporting Requested	HCV Genotyping HEPCRB (For treatment)	and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.				



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1 - Patient/Provider Information

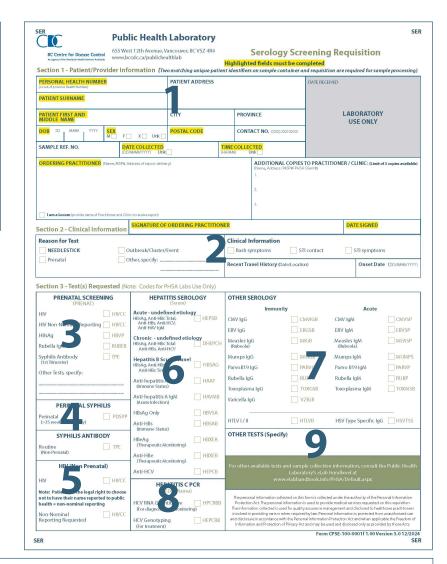
For physicians who work at more than one location, please provide an address for delivery.

- Additional Copies To

The Ordering Physician will receive one copy of the report. Each physician or client listed under Additional Copies To: will receive a copy of the report.

2 - Clinical Information

Please fill in as completely as possible.



3 - Prenatal Testing*

-If nominal HIV testing, please provide 2 serum separator tubes. -If non-nominal HIV testing, please provide 3 serum separator tubes.

4 - Perinatal Testing (Syphilis only)

-Please provide 1 serum separator tube.

5 - HIV Testing*

-If nominal HIV testing, please provide 1 serum separator tube. -If non-nominal HIV testing, please provide 2 serum separator tubes.

6 - Hepatitis Serology Testing

-Please provide 1 serum separator tube.

7 - Combinations of Syphilis, nominal HIV, Hepatitis Serology and Other Serology

-Please provide 1 serum separator tube. -If non-nominal reporting for HIV* is requested, please provide an additional serum separator tube (2 tubes in total).

8 - Hepatitis C PCR Testing

- For HCV RNA and HCV genotyping requests, please provide 1 EDTA plasma (lavender-top) tube.

9 - Other Tests

-Indicate all additional tests requested. Please consult the PHSA Laboratories <u>eLab Handbook</u> for specimen requirements.

*Note for HIV patient has the legal right to choose not to have their name reported to public health.