

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)

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number)		<b>PATIENT ADDRESS</b>		<b>DATE RECEIVED</b>	
<b>PATIENT SURNAME</b>					
<b>PATIENT FIRST AND MIDDLE NAME</b>		<b>CITY</b>	<b>PROVINCE</b>		
<b>DOB</b> DD MMM YYYY	<b>SEX</b> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Unk <input type="checkbox"/>	<b>POSTAL CODE</b>	<b>CONTACT NO.</b> (XXX) XXX-XXXX		
<b>SAMPLE REF. NO.</b>	<b>DATE COLLECTED</b> (DD/MMM/YYYY) Unk <input type="checkbox"/>	<b>TIME COLLECTED</b> (HH:MM) Unk <input type="checkbox"/>		<b>LABORATORY USE ONLY</b>	
<b>ORDERING PRACTITIONER</b> (Name, MSP#, Address of report delivery)			<b>ADDITIONAL COPIES TO PRACTITIONER / CLINIC:</b> (Limit of 3 copies available) (Name, Address / MSP# / PHS Client#)		
			1.		
			2.		
			3.		
<input type="checkbox"/> I am a Locum (provide name of Practitioner and Clinic to receive report)					

Section 2 - Clinical Information

**SIGNATURE OF ORDERING PRACTITIONER**

**DATE SIGNED**

<b>Reason for Test</b>	<b>Clinical Information</b>
<input type="checkbox"/> <b>NEEDLESTICK</b> <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Prenatal <input type="checkbox"/> Other, specify: ..... ..... .....	<input type="checkbox"/> Rash symptoms <input type="checkbox"/> STI contact <input type="checkbox"/> STI symptoms <b>Recent Travel History</b> (Date/Location) <b>Onset Date</b> (DD/MMM/YYYY)

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

<p><b>PRENATAL SCREENING</b> (PRENAT)</p> <p>HIV <input type="checkbox"/> HIVCC          HIV Non-Nominal Reporting <input type="checkbox"/> HIVCC          HBsAg <input type="checkbox"/> HBVP          Rubella IgG <input type="checkbox"/> RUBEB          Syphilis Antibody (1st Trimester) <input type="checkbox"/> TPE          Other Tests, specify:          .....          .....</p> <p><b>PERINATAL SYPHILIS</b></p> <p>Perinatal (&gt;35 weeks/at delivery) <input type="checkbox"/> PDSYP</p> <p><b>SYPHILIS ANTIBODY</b></p> <p>Routine (Non Prenatal) <input type="checkbox"/> TPE</p> <p><b>HIV (Non Prenatal)</b></p> <p>HIV <input type="checkbox"/> HIVCC</p> <p><b>Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting</b></p> <p>Non-Nominal Reporting Requested <input type="checkbox"/> HIVCC</p>	<p><b>HEPATITIS SEROLOGY</b> (Serum)</p> <p><b>Acute - undefined etiology</b> HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM <input type="checkbox"/> HEPSB</p> <p><b>Chronic - undefined etiology</b> HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV <input type="checkbox"/> DHEPCH</p> <p><b>Hepatitis B Screen Panel</b> HBsAg, Anti-HBs, Anti-HBc Total <input type="checkbox"/> HBSAG</p> <p>Anti-hepatitis A Total (Immune Status) <input type="checkbox"/> HAAT</p> <p>Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAVMB</p> <p>HBsAg Only <input type="checkbox"/> HBVSA</p> <p>Anti-HBs (Immune Status) <input type="checkbox"/> HBSAB</p> <p>HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HBXEA</p> <p>Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HBXEB</p> <p>Anti-HCV <input type="checkbox"/> HEPCB</p> <p><b>HEPATITIS C PCR</b> (EDTA Plasma)</p> <p>HCV RNA Quantitative (For diagnosis and monitoring) <input type="checkbox"/> HPCRBB</p> <p>HCV Genotyping (For treatment) <input type="checkbox"/> HEPCRB</p>	<p><b>OTHER SEROLOGY</b></p> <table border="0"> <tr> <td colspan="2"><b>Immunity</b></td> <td colspan="2"><b>Acute</b></td> </tr> <tr> <td>CMV IgG <input type="checkbox"/> CMVIGB</td> <td>EBV IgG <input type="checkbox"/> EBGSB</td> <td>CMV IgM <input type="checkbox"/> CMVSP</td> <td>EBV IgM <input type="checkbox"/> EBVSP</td> </tr> <tr> <td>Measles IgG (Rubeola) <input type="checkbox"/> MIGB</td> <td>Mumps IgG <input type="checkbox"/> MUIGB</td> <td>Measles IgM (Rubeola) <input type="checkbox"/> MEASP</td> <td>Mumps IgM <input type="checkbox"/> MUMPS</td> </tr> <tr> <td>Parvo B19 IgG <input type="checkbox"/> PARVGB</td> <td>Rubella IgG <input type="checkbox"/> RUBEB</td> <td>Parvo B19 IgM <input type="checkbox"/> PARVP</td> <td>Rubella IgM <input type="checkbox"/> RUBP</td> </tr> <tr> <td>Rubella IgG <input type="checkbox"/> RUBEB</td> <td>Toxoplasma IgG <input type="checkbox"/> TOXGSB</td> <td>Toxoplasma IgM <input type="checkbox"/> TOXMSB</td> <td></td> </tr> <tr> <td>Varicella IgG <input type="checkbox"/> VZIGB</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HTLV I / II <input type="checkbox"/> HTLVB</td> <td></td> <td>HSV Type Specific IgG <input type="checkbox"/> HSVTSS</td> <td></td> </tr> </table> <p><b>OTHER TESTS (Specify)</b></p> <p>For other available tests and sample collection information, consult the Public Health Laboratory's eLab Handbook at <a href="http://www.elabhandbook.info/PHSA/Default.aspx">www.elabhandbook.info/PHSA/Default.aspx</a></p> <p>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. 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 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.</p>	<b>Immunity</b>		<b>Acute</b>		CMV IgG <input type="checkbox"/> CMVIGB	EBV IgG <input type="checkbox"/> EBGSB	CMV IgM <input type="checkbox"/> CMVSP	EBV IgM <input type="checkbox"/> EBVSP	Measles IgG (Rubeola) <input type="checkbox"/> MIGB	Mumps IgG <input type="checkbox"/> MUIGB	Measles IgM (Rubeola) <input type="checkbox"/> MEASP	Mumps IgM <input type="checkbox"/> MUMPS	Parvo B19 IgG <input type="checkbox"/> PARVGB	Rubella IgG <input type="checkbox"/> RUBEB	Parvo B19 IgM <input type="checkbox"/> PARVP	Rubella IgM <input type="checkbox"/> RUBP	Rubella IgG <input type="checkbox"/> RUBEB	Toxoplasma IgG <input type="checkbox"/> TOXGSB	Toxoplasma IgM <input type="checkbox"/> TOXMSB		Varicella IgG <input type="checkbox"/> VZIGB				HTLV I / II <input type="checkbox"/> HTLVB		HSV Type Specific IgG <input type="checkbox"/> HSVTSS	
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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.

**Public Health Laboratory**  
655 West 12th Avenue, Vancouver, BC V5Z 4R4  
www.bccdc.ca/publichealthlab

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Highlighted fields must be completed

## 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 [eLab Handbook](#) for specimen requirements.

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