

Date received <i>yyyy / mm / dd</i>	PHOL No.
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General Test Requisition

ALL Sections of this Form MUST be Completed

<p>1 - Submitter</p> <p>Courier Code</p> <p>Provide Return Address:</p> <p>Name Address City & Province Postal Code</p> <hr/> <p>Clinician Initial / Surname and OHIP / CPSO Number</p> <p>Tel: _____ Fax: _____</p> <p>cc Doctor Information</p> <p>Name: _____ Tel: _____ Lab/Clinic Name: _____ Fax: _____ CPSO #: _____ Address: _____ Postal Code: _____</p>	<p>2 - Patient Information</p> <table border="1"> <tr> <td>Health No.</td> <td rowspan="2">Sex</td> <td>Date of Birth: <i>yyyy / mm / dd</i></td> </tr> <tr> <td>Medical Record No.</td> <td></td> </tr> <tr> <td colspan="2">Patient's Last Name (per OHIP card)</td> <td>First Name (per OHIP card)</td> </tr> <tr> <td colspan="3">Patient Address</td> </tr> <tr> <td>Postal Code</td> <td colspan="2">Patient Phone No.</td> </tr> <tr> <td colspan="3">Submitter Lab No.</td> </tr> <tr> <td colspan="3">Public Health Unit Outbreak No.</td> </tr> </table> <p>Public Health Investigator Information</p> <p>Name: _____ Health Unit: _____ Tel: _____ Fax: _____</p>	Health No.	Sex	Date of Birth: <i>yyyy / mm / dd</i>	Medical Record No.		Patient's Last Name (per OHIP card)		First Name (per OHIP card)	Patient Address			Postal Code	Patient Phone No.		Submitter Lab No.			Public Health Unit Outbreak No.		
Health No.	Sex	Date of Birth: <i>yyyy / mm / dd</i>																			
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Patient Address																					
Postal Code	Patient Phone No.																				
Submitter Lab No.																					
Public Health Unit Outbreak No.																					

<p>3 - Test(s) Requested (Please see descriptions on reverse)</p> <p>Test: Enter test descriptions below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Hepatitis Serology</p> <p>Reason for test (Check (✓) only one box):</p> <p><input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection</p> <p>Indicate specific viruses (Check (✓) all that apply):</p> <p><input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)</p>
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<p>4 - Specimen Type and Site</p> <p><input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input type="checkbox"/> nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other - (specify) _____</p>	<p>Patient Setting</p> <p><input type="checkbox"/> physician office/clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward) <input type="checkbox"/> inpatient (ICU) <input type="checkbox"/> institution</p>
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<p>5 - Reason for Test</p> <p><input type="checkbox"/> diagnostic <input type="checkbox"/> immune status <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other - (specify) _____</p> <p>Date Collected: <i>yyyy / mm / dd</i></p> <p>Onset Date: <i>yyyy / mm / dd</i></p>	<p>Clinical Information</p> <p><input type="checkbox"/> fever <input type="checkbox"/> gastroenteritis <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input type="checkbox"/> other - (specify) _____</p> <p><input type="checkbox"/> influenza high risk - (specify) _____ <input type="checkbox"/> recent travel - (specify location) _____</p>
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For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000 (08/2013)

Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

For historical duplex code information please access website at www.publichealthontario.ca/requisitions

Test (enter in Test Description Section 3)

Adenovirus (virus detection only)
Antimicrobial Susceptibility Testing - Bacteria
Antimicrobial Susceptibility Testing - Fungi, Nocardia
Antimicrobial Susceptibility Testing - Mycobacteria
Arbovirus Serology
Arthropod identification (ticks, lice, mites from human sources)
Bacterial Culture and Sensitivity
Bacterial Vaginosis - Gram Stain
Bordetella - PCR
Cat Scratch Fever (Bacillary angiomatosis, Bartonella)
Chlamydia trachomatis - NAAT/Culture
Chlamydomphila pneumoniae - PCR
Clostridium difficile toxin
Cytomegalovirus (CMV) Culture/Early Antigen
Cytomegalovirus (CMV) IgG Immune status
Cytomegalovirus (CMV) IgG/IgM Diagnosis
Dengue Virus Serology
Diphtheria antitoxin antibody¹
Electron microscopy
Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)
Epstein Barr Virus (EBV) - EBV VCA IgG/EA/EBNA
Epstein Barr Virus (EBV) - EBV VCA IgM
Fungus - Superficial - Microscopy & Culture
Fungus - Systemic - Microscopy & Culture
Haemorrhagic Fever Serology (Yellow Fever, Ebola, Lassa)²
Hantavirus Serology
Helicobacter pylori serology (H. pylori)
Hepatitis A Virus Immune Status
Hepatitis A Virus Acute
Hepatitis B Virus Immune Status
Hepatitis B Virus Acute
Hepatitis B Virus Chronic
Hepatitis B - HBcIgM³
Hepatitis B - HBeAb³
Hepatitis B - HBeAg³
Hepatitis B Virus DNA⁴
Hepatitis C Virus Serology
Hepatitis C Virus RNA - Genotyping⁴
Hepatitis C Virus RNA - Quantitative⁴
Hepatitis D Virus (Delta Agent)
Hepatitis E Virus
Herpes Simplex Virus (HSV) IgG Immune Status
Herpes Simplex Virus (HSV) Virus Detection
Human Herpes Virus 6 (Roseola, Exanthema Subitum) - PCR
Influenza A, B (Flu) Virus Detection
Legionnaires Disease
Lyme Disease - Serology
Measles IgG Immune Status
Measles IgG/IgM Diagnosis
Measles Virus Detection
Molluscum contagiosum (Poxvirus) Virus Detection

Test (enter in Test Description Section 3)

Mycoplasma pneumoniae - Culture
Mycoplasma pneumoniae - PCR
Mumps IgG Immune Status
Mumps IgG/IgM Diagnosis
Mumps Virus Detection
Neisseria gonorrhoeae - NAAT/Culture
Norovirus Detection
Parainfluenza 1, 2, 3 (virus detection only)
Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status
Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG/IgM Diagnosis
Q Fever Serology
Rabies Virus Antibody Screen
Referred Culture - Fungus Nocardia
Referred Culture - TB
Respiratory Syncytial Virus (RSV) (virus detection only)
Rickettsia (Typhus, RMSF) Serology
Rotavirus (virus detection only)
Rubella (German Measles) IgG Immune Status
Rubella (German Measles) IgG/IgM Diagnosis
Rubella (German Measles) Virus Detection
Serology - Bacterial (specify agent)
Serology - Mycotic (specify agent)
Serology - Parasitic (specify agent)
Stool parasites
Syphilis - Direct Fluorescence
Syphilis CSF (VDRL)
Syphilis screen
TB - Culture and Susceptibility (Mycobacteria culture)
Tetanus antitoxin antibody
TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen
TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen
Torovirus (virus detection only)
Toxoplasmosis - Serology
Urogenital mycoplasma/ureaplasma
Varicella - Zoster (Chicken Pox) IgG Immune Status
Varicella - Zoster (Chicken Pox) IgG/IgM Diagnosis
Varicella - Zoster (Chicken Pox) Virus Detection
Viral Diarrhea (virus detection only)
Virus Isolation/Detection
West Nile Virus - Serology
Worm Identification

1. Testing is available only for the rare event of an adverse reaction to Diphtheria vaccine or the possibility of humoral immunodeficiency in the patient. This must be indicated on the test requisition in order for testing to be performed.
2. Contact Medical Officer of Health and Public Health Ontario Laboratory before ordering, 416.235.6556 or toll: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: www.publichealthontario.ca/requisitions

Public Health Ontario Laboratories

Customer Service Centre

7:30 am - 7:00 pm, Monday to Friday
8:00 am - 3:45 pm, Saturday

tel: 416.235.6556
toll free: 1.877.604.4567
fax: 416.235.6552
email: customerservicecentre@oahpp.ca

Emergency After-Hours Duty Officer

tel: 416.605.3113
website: www.publichealthontario.ca