

Date received

PHOL No.

yyyy / mm / dd

General Test Requisition

ALL Sections of this Form MUST be Completed

1 - Submitter <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: right;">Courier Code</p> <p>Provide Return Address:</p> <p>Name Address City & Province Postal Code</p> </div> <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>	2 - Patient Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Health No.</td> <td style="width: 10%;">Sex</td> <td style="width: 50%;">Date of Birth: yyyy / mm / dd</td> </tr> <tr> <td>Medical Record No.</td> <td></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: yyyy / mm / dd	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.															
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3 - Test(s) Requested (Please see descriptions on reverse) Test: Enter test descriptions below <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	Hepatitis Serology <div style="border: 1px solid black; height: 100px; margin-top: 5px; text-align: center; vertical-align: middle;"> See Tests Requested box </div>																																		
4 - Specimen Type and Site <table style="width: 100%;"> <tr> <td><input type="checkbox"/> blood / serum</td> <td><input type="checkbox"/> faeces</td> <td><input type="checkbox"/> nasopharyngeal</td> </tr> <tr> <td><input type="checkbox"/> sputum</td> <td><input type="checkbox"/> urine</td> <td><input type="checkbox"/> vaginal smear</td> </tr> <tr> <td><input type="checkbox"/> urethral</td> <td><input type="checkbox"/> cervix</td> <td><input type="checkbox"/> BAL</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> other - (specify) _____</td> </tr> </table>	<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) _____			Patient Setting <table style="width: 100%;"> <tr> <td><input type="checkbox"/> physician office/clinic</td> <td><input type="checkbox"/> ER (not admitted)</td> </tr> <tr> <td><input type="checkbox"/> inpatient (ward)</td> <td><input type="checkbox"/> inpatient (ICU) <input type="checkbox"/> institution</td> </tr> </table>	<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																		
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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)	Test (enter in Test Description Section 3)
Adenovirus (virus detection only)	Mycoplasma pneumoniae - Culture
Antimicrobial Susceptibility Testing - Bacteria	Mycoplasma pneumoniae - PCR
Antimicrobial Susceptibility Testing - Fungi, Nocardia	Mumps IgG Immune Status
Antimicrobial Susceptibility Testing - Mycobacteria	Mumps IgG/IgM Diagnosis
Arbovirus Serology	Mumps Virus Detection
Arthropod identification (ticks, lice, mites from human sources)	Neisseria gonorrhoeae - NAAT/Culture
Bacterial Culture and Sensitivity	Norovirus Detection
Bacterial Vaginosis - Gram Stain	Parainfluenza 1, 2, 3 (virus detection only)
Bordetella - PCR	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status
Cat Scratch Fever (Bacillary angiomatosis, Bartonella)	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG/IgM Diagnosis
Chlamydia trachomatis - NAAT/Culture	Q Fever Serology
Chlamydophila pneumoniae - PCR	Rabies Virus Antibody Screen
Clostridium difficile toxin	Referred Culture - Fungus Nocardia
Cytomegalovirus (CMV) Culture/Early Antigen	Referred Culture - TB
Cytomegalovirus (CMV) IgG Immune status	Respiratory Syncytial Virus (RSV) (virus detection only)
Cytomegalovirus (CMV) IgG/IgM Diagnosis	Rickettsia (Typhus, RMSF) Serology
Dengue Virus Serology	Rotavirus (virus detection only)
Diphtheria antitoxin antibody ¹	Rubella (German Measles) IgG Immune Status
Electron microscopy	Rubella (German Measles) IgG/IgM Diagnosis
Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)	Rubella (German Measles) Virus Detection
Epstein Barr Virus (EBV) - EBV VCA IgG/EA/EBNA	Serology - Bacterial (specify agent)
Epstein Barr Virus (EBV) - EBV VCA IgM	Serology - Mycotic (specify agent)
Fungus - Superficial - Microscopy & Culture	Serology - Parasitic (specify agent)
Fungus - Systemic - Microscopy & Culture	Stool parasites
Haemorrhagic Fever Serology (Yellow Fever, Ebola, Lassa) ²	Syphilis - Direct Fluorescence
Hantavirus Serology	Syphilis CSF (VDRL)
Helicobacter pylori serology (H. pylori)	Syphilis screen
Hepatitis A Virus Immune Status	TB - Culture and Susceptibility (Mycobacteria culture)
Hepatitis A Virus Acute	Tetanus antitoxin antibody
Hepatitis B Virus Immune Status	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen
Hepatitis B Virus Acute	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen
Hepatitis B Virus Chronic	Torovirus (virus detection only)
Hepatitis B - HBcIgM ³	Toxoplasmosis - Serology
Hepatitis B - HBeAb ³	Urogenital mycoplasma/ureaplasma
Hepatitis B - HBeAg ³	Varicella - Zoster (Chicken Pox) IgG Immune Status
Hepatitis B Virus DNA ⁴	Varicella - Zoster (Chicken Pox) IgG/IgM Diagnosis
Hepatitis C Virus Serology	Varicella - Zoster (Chicken Pox) Virus Detection
Hepatitis C Virus RNA - Genotyping ⁴	Viral Diarrhea (virus detection only)
Hepatitis C Virus RNA - Quantitative ⁴	Virus Isolation/Detection
Hepatitis D Virus (Delta Agent)	West Nile Virus - Serology
Hepatitis E Virus	Worm Identification
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	

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