

General Test Requisition

For laboratory use only

Date received
(yyyy/mm/dd):

PHOL No.:

ALL Sections of this form must be completed at every visit

1- Submitter <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: right;">Courier Code:</p> <p>Name _____</p> <p>Address _____</p> <p>City & Province _____</p> <p>Postal Code _____</p> </div> <p>Clinician initial/Surname and OHIP/CPSO No.: _____</p> <p>Telephone: _____ Fax: _____</p>			2 - Patient Information <table border="1" style="width: 100%;"> <tr> <td>Health Card No.:</td> <td>Sex: Male Female</td> </tr> <tr> <td>Date of Birth (yyyy/mm/dd):</td> <td>Medical Record No.:</td> </tr> <tr> <td>Last Name per health card:</td> <td>First Name per health card:</td> </tr> <tr> <td colspan="2">Address: _____</td> </tr> <tr> <td>Postal Code:</td> <td>Phone Number:</td> </tr> </table> <p>Submitter Lab No.: _____</p> <p>Public Health Unit Outbreak No.: _____</p> <p>Public Health Investigator Information</p> <p>Name: _____</p> <p>Health Unit: _____</p> <p>Tel: _____ Fax: _____</p>			Health Card No.:	Sex: Male Female	Date of Birth (yyyy/mm/dd):	Medical Record No.:	Last Name per health card:	First Name per health card:	Address: _____		Postal Code:	Phone Number:
Health Card No.:	Sex: Male Female														
Date of Birth (yyyy/mm/dd):	Medical Record No.:														
Last Name per health card:	First Name per health card:														
Address: _____															
Postal Code:	Phone Number:														
cc Doctor / Qualified Health Care Provider Information <p>Name: _____ Tel: _____</p> <p>Lab / Clinic Name: _____ Fax: _____</p> <p>CPSO No.: _____</p> <p>Address: _____ Postal Code: _____</p>															
3 - Test(s) Requested (Please see descriptions on reverse)															
Enter test description below:			Hepatitis Serology Reason for test (Check only one box): <div style="display: flex; justify-content: space-around;"> Immune Status Acute Infection Chronic Infection </div> Indicate specific viruses (Check all that apply): <div style="display: flex; justify-content: space-around;"> Hepatitis A Hepatitis B Hepatitis C* </div> <p><small>*Testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available.</small></p>												
4 - Specimen Type and Site															
<div style="display: flex; justify-content: space-between;"> <div>Blood / Serum</div> <div>Faeces</div> <div>Nasopharyngeal</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Sputum</div> <div>Urine</div> <div>Vaginal Smear</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Urethral</div> <div>Cervix</div> <div>BAL</div> </div> <p>Other (Specify): _____</p>			Patient Setting <div style="display: flex; justify-content: space-between;"> <div>Physician Office / Clinic</div> <div>Inpatient (ICU)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Inpatient (Ward)</div> <div>Institution</div> </div> <p>ER (Not Admitted)</p>												
5 - Reason for Test															
<div style="display: flex; justify-content: space-between;"> <div>Diagnostic</div> <div>Post-mortem</div> <div>Date Collected (yyyy/mm/dd):</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Needle Stick</div> <div>Immune Status</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Prenatal</div> <div>Follow-up</div> <div>Onset Date (yyyy/mm/dd):</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Immunocompromised</div> <div>Chronic Condition</div> </div> <p>Other (Specify): _____</p>			Clinical Information <div style="display: flex; justify-content: space-between;"> <div>Fever</div> <div>Gastroenteritis</div> <div>Vesicular Rash</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>STI</div> <div>Headache / Stiff Neck</div> <div>Maculopapular Rash</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Pregnant</div> <div>Encephalitis / Meningitis</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Jaundice</div> <div>Respiratory Symptoms</div> </div> <p>Other (Specify): _____</p> <p>Influenza High Risk (Specify): _____</p> <p>Recent Travel (Specify Location): _____</p>												

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 (05/04)

Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

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
Cat Scratch Fever (Bacillary angiomatosis, Bartonella)
Chlamydia trachomatis - NAAT / Culture
Chlamydia 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
Gonorrhea (Neisseria gonorrhoeae, GC)
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 - HBsAb³
Hepatitis B - HBsAg³
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
HTLV I / HTLV II - Serology
HTLV I / HTLV II - 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
Mycoplasma pneumoniae - Culture
Mycoplasma pneumoniae - PCR

Test (enter in Test Description Section 3)

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
Tovovirus (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 free: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually or you may use Hepatitis B Serology for immune status or for diagnosis of acute or chronic infection.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: <http://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

Emergency After-Hours Duty Officer

Tel: 416.235.6556

Toll Free: 1.877.604.4567

Fax: 416.235.6552

Tel: 416.605.3113

Website: www.publichealthontario.ca