Ontario
Agency for Health Protection and Promotion
Public Health Laboratories

Date received | OPHL No

General Test Requisition

ALL Sections of this Form MUST be Completed

1 - Submitter

Courier Code

Vivian Siciliano, Nurse Practitioner
1450 Nakina Dr, PO Box 398
Thunder Bay ON
P7B 0E5

Clinician Initial / Surname and OHIP / CPSO Number
Vivian / Siciliano 722919 / 8533390

Tel: (807) 475-6169 Fax: (807) 473-3706

2 - Patient Information

Health No. | Sex | Date of Birth

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.

3 - Test(s) Requested *(Please see test codes on reverse)*

CODE	DESCRIPTION	CODE	DESCRIPTION
V24	Measles	V39	Varicella
V27	Mumps		
V37	Rubella		

Hepatitis Serology: ☑ Immunity ☐ A ☑ B
☐ Diagnosis ☐ A ☐ B ☐ C

Specimen Type and Site

☑ blood / serum ☐ faeces ☐ Nasopharyngeal
☐ sputum ☐ urine ☐ vaginal smear
☐ urethral ☐ cervix ☐ BAL
☐ other -

Patient Setting

☐ Physician Office/Clinic ☐ ER (not admitted)
☐ Inpatient (ward) ☐ Inpatient (ICU) ☐ Institution

4 - Reason for Test

Date Collected

☑ diagnostic ☑ immune status
☐ needle stick ☐ follow-up
☐ prenatal ☐ chronic condition
☐ immunocompromised
☐ post-mortem ☐ other -

Onset Date

Clinical Information

☐ fever ☐ gastroenteritis ☐ respiratory symptoms
☐ STI ☐ headache / stiff neck ☐ vesicular rash
☐ pregnant ☐ encephalitis / meningitis ☐ maculopapular rash
☐ jaundice
☐ other -

☐ influenza high risk -
☐ recent travel -

Laboratory Result

For laboratory use only

☐ further report to follow

Date reported | Checked by | Specimen(s) transferred to | Date transferred

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 97- 44 (09/2009)
Current versions of Public Health Laboratory requisitions are available at www.oahpp.ca/labrequisition