

# General Test Requisition

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that all testing requirements are met before collecting a specimen. For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: [publichealthontario.ca/requisitions](http://publichealthontario.ca/requisitions)

For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd):  PHO Lab No.:

## Ordering Healthcare Provider Information

Licence No.:  Healthcare Provider Full Name:   
 729798  Craig  Edwards  
 Org. Name:  Confederation College Address:  1450 Nakina Drive, P.O. Box 398  
 City:  Thunder Bay Postal Code:  P7C 4W1 Province:   
 Tel: (807) 475-6169 Fax: (807) 473-3706

## Patient Information

Health Card No.:   
 Date of Birth (yyyy-mm-dd):  Sex:  Male  Female  
 Medical Record No.:   
 Last Name (per health card):   
 First Name (per health card):   
 Address:  Postal Code:   
 City:  Tel:   
 Investigation / Outbreak No. from PHO or Health Unit (if applicable):

## Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.:  Lab / Health Unit / Other Authorized Provider Name:   
 Org. Name:  Address:   
 City:  Postal Code:  Province:   
 Tel:  Fax:

## Specimen Information

★ Date Collected (yyyy-mm-dd):  Submitter Lab No.:   
 Whole Blood  Serum  Plasma  
 Bone Marrow  Cerebrospinal Fluid (CSF)  Nasopharyngeal Swab (NPS)  
 Oropharyngeal / Throat Swab  Sputum  Bronchoalveolar Lavage (BAL)  
 Endocervical Swab  Vaginal Swab  Urethral Swab  
 Urine  Rectal Swab  Faeces  
 Other (Specify type AND body location):

## Patient Setting

Clinic / Community  ER (Not Admitted / Not Yet Determined)  ER (Admitted)  
 Inpatient (Non-ICU)  ICU / CCU  Congregate Living Setting

## Testing Indication(s) / Criteria

Diagnosis  Screening  Immune Status  Follow-up / Convalescent  
 Pregnancy / Perinatal  Impaired Immunity  Post-mortem

Other (Specify):

## Signs / Symptoms

No Signs / Symptoms ★ Onset Date (yyyy-mm-dd):   
 Fever  Rash  STI  
 Gastrointestinal  Respiratory  Hepatitis  Meningitis / Encephalitis

Other (Specify):

## Relevant Exposure(s)

None / Not Applicable Most Recent Date (yyyy-mm-dd):   
 Occupational Exposure / Needlestick Injury (Specify):   Source  Exposed

Other (Specify):

## Relevant Travel(s)

None / Not Applicable Most Recent Date (yyyy-mm-dd):   
 Travel Details:

## Test(s) Requested

Enter each assay as per the [publichealthontario.ca/testdirectory](http://publichealthontario.ca/testdirectory):

- V24 Measles
- V27 Mumps
- V37 Rubella
- V39 Varicella
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For routine hepatitis A, B or C serology, complete this section instead:

**Hepatitis A**  Immune Status (HAV IgG)  Acute Infection (HAV IgM, signs/symptoms info)  
**Hepatitis B**  Immune Status (anti-HBs)  Chronic Infection (HBsAg + total anti-HBc)  
 Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)  Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)  
**Hepatitis C**  Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available