

Section 1 - Patient/Provider Information

(Two matching unique patient identifiers on sample container and requisition are required for sample processing)

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)		<b>ORDERING PRACTITIONER</b> Name and MSC#		<div>DATE RECEIVED</div> <div>LABORATORY USE ONLY</div> <div>OUTBREAK ID</div>
<b>PATIENT SURNAME</b>		<b>Address of report delivery</b>		
<b>PATIENT FIRST AND MIDDLE NAME</b>		<input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum <sup>†</sup> <sup>†</sup> If Locum, include name of Practitioner you are covering for		
<b>DOB</b> (DD/MMM/YYYY)	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)	<b>ADDITIONAL COPIES TO PRACTITIONER / CLINIC:</b> (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)		
<b>PATIENT ADDRESS</b>		1.		
		2.		<b>SAMPLE REF. NO.</b>
<b>CITY</b>		3.		<b>DATE COLLECTED</b> (DD/MMM/YYYY)
<b>PROVINCE</b>	<b>POSTAL CODE</b>			<b>TIME COLLECTED</b> (HH:MM)

Section 2 - Clinical Information

<b>Reason for Test</b> <input type="checkbox"/> <b>NEEDLESTICK</b> <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Prenatal <input type="checkbox"/> Other, specify: .....	<b>Clinical Information</b> <input type="checkbox"/> Rash symptoms <input type="checkbox"/> STI contact <input type="checkbox"/> STI symptoms		
	<table> <tr> <td> <b>Recent Travel History</b> (Date/Location)         </td> <td> <b>Onset Date</b> (DD/MMM/YYYY)         </td> </tr> </table>	<b>Recent Travel History</b> (Date/Location)	<b>Onset Date</b> (DD/MMM/YYYY)
<b>Recent Travel History</b> (Date/Location)	<b>Onset Date</b> (DD/MMM/YYYY)		

Section 3 - Test(s) Requested

(Note: Codes for PHSA Labs Use Only)

<b>PRENATAL SCREENING</b> (PRENAT)	<b>HEPATITIS SEROLOGY</b> (Serum)	<b>OTHER SEROLOGY</b>	
HIV <input type="checkbox"/> HIVCC HIV Non-Nominal Reporting <input type="checkbox"/> HIVCC HBsAg <input type="checkbox"/> HBVP Rubella IgG <input type="checkbox"/> RUBEB Syphilis Antibody (1st Trimester) <input type="checkbox"/> TPE Other Tests, specify: ..... .....	<b>Acute - undefined etiology</b> HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM <input type="checkbox"/> HEPSB <b>Chronic - undefined etiology</b> HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV <input type="checkbox"/> DHEPCH <b>Hepatitis B Screen Panel</b> HBsAg, Anti-HBs, Anti-HBc Total <input type="checkbox"/> HBSAG Anti-hepatitis A Total (Immune Status) <input type="checkbox"/> HAAT Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAVMB HBsAg Only <input type="checkbox"/> HBVSA Anti-HBs (Immune Status) <input type="checkbox"/> HBSAB HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HBXEa Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HBXEB Anti-HCV <input type="checkbox"/> HEPCB	<b>Immunity</b> CMV IgG <input type="checkbox"/> CMVIGB EBV IgG <input type="checkbox"/> EBGSB Measles IgG (Rubeola) <input type="checkbox"/> MIGB Mumps IgG <input type="checkbox"/> MUIGB Parvo B19 IgG <input type="checkbox"/> PARVGB Rubella IgG <input type="checkbox"/> RUBEB Varicella IgG <input type="checkbox"/> VZIGB ..... H. pylori IgG <input type="checkbox"/> HELIB HTLV I / II <input type="checkbox"/> HTLVB	<b>Acute</b> CMV IgM <input type="checkbox"/> CMVSP EBV IgM <input type="checkbox"/> EBVSP Measles IgM (Rubeola) <input type="checkbox"/> MEASP Mumps IgM <input type="checkbox"/> MUMPS Parvo B19 IgM <input type="checkbox"/> PARVP Rubella IgM <input type="checkbox"/> RUBP ..... HSV Type Specific IgG <input type="checkbox"/> HSVTSS
<b>PERINATAL SYPHILIS</b> Perinatal (>35 weeks/at delivery) <input type="checkbox"/> PDSYP			
<b>SYPHILIS ANTIBODY</b> Routine (Non Prenatal) <input type="checkbox"/> TPE			
<b>HIV (Non Prenatal)</b> HIV <input type="checkbox"/> HIVCC <b>Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting</b> Non-Nominal Reporting Requested <input type="checkbox"/> HIVCC	<b>HEPATITIS C PCR</b> (EDTA Plasma) HCV RNA Quantitative <input type="checkbox"/> HPCRBB (For diagnosis and monitoring) HCV Genotyping <input type="checkbox"/> HEPCRB (For treatment)	<b>OTHER TESTS (Specify)</b> <div>         For other available tests and sample collection information, consult the Public Health Laboratory's eLab Handbook at <a href="http://www.elabhandbook.info/PHSA/Default.aspx">www.elabhandbook.info/PHSA/Default.aspx</a> </div> <div>         The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.       </div>	

## 1 - Patient/Provider Information

For physicians who work at more than one location, please provide an address for delivery.

### - Additional Copies To

The Ordering Physician will receive one copy of the report. Each physician or client listed under Additional Copies To: will receive a copy of the report.

## 2 - Clinical Information

Please fill in as completely as possible.

Public Health Laboratory  
655 West 12th Avenue, Vancouver, BC V5Z 4R4  
www.bccdc.ca/publichealthlab

Serology Screening Requisition

**Section 1 - Patient/Provider Information** (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

<b>PERSONAL HEALTH NUMBER</b> (for out-of-province Health Number and province)		<b>ORDERING PRACTITIONER</b> Name and MOSC		<b>DATE RECEIVED</b>          <b>LABORATORY USE ONLY</b>																				
<b>PATIENT SURNAME</b>		<b>Address of report delivery</b>																						
<b>PATIENT FIRST AND MIDDLE NAME</b>		<input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum* *If Locum, include name of Practitioner you are covering for																						
<b>DOB</b> (DD/MM/YYYY)		<b>ADDITIONAL COPIES TO PRACTITIONER / CLINIC:</b> (Name, Address / MOSC/PHSA Client) (Limit of 3 copies available)																						
<b>PATIENT ADDRESS</b>		1.		<b>OUTBREAK ID</b>																				
<b>CITY</b>		2.																						
<b>PROVINCE</b> <b>POSTAL CODE</b>		3.																						
<b>Section 2 - Clinical Information</b>																								
<b>Reason for Test</b> <input type="checkbox"/> NEEDLESTICK <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> STI contact <input type="checkbox"/> STI symptoms <input type="checkbox"/> Prenatal <input type="checkbox"/> Other, specify: _____		<b>Clinical Information</b> <input type="checkbox"/> Rash symptoms <input type="checkbox"/> STI contact <input type="checkbox"/> STI symptoms <b>Recent Travel History (Date/Location)</b> <b>Onset Date</b> (DD/MM/YYYY)																						
<b>Section 3 - Test(s) Requested</b> (Note: Codes for PHSA Labs Use Only)																								
<b>PRENATAL SCREENING (PRENATAL)</b> HIV <input type="checkbox"/> HIVCC HIV Non-Nominal Reporting <input type="checkbox"/> HIVCC HBsAg <input type="checkbox"/> HBVP Rubella IgG <input type="checkbox"/> RUBEB Syphilis Antibody (1st Trimester) <input type="checkbox"/> TPE Other tests, specify: _____		<b>HEPATITIS SEROLOGY (Serum)</b> <b>Acute - undefined etiology</b> <input type="checkbox"/> HEPSB HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM <b>Chronic - undefined etiology</b> <input type="checkbox"/> DHEPCH HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV <b>Hepatitis B Screen Panel</b> <input type="checkbox"/> HBSAG HBsAg, Anti-HBs, Anti-HBc Total Anti-hepatitis A <input type="checkbox"/> HAAT Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAVMB HBsAg Only <input type="checkbox"/> HBVSA Anti-HBs (Immune Status) <input type="checkbox"/> HB SAB HBsAg (Therapeutic Monitoring) <input type="checkbox"/> HB XEA Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HB XEB Anti-HCV <input type="checkbox"/> HEP C B <b>HEPATITIS C PCR (EDTA Plasma)</b> HCV RNA Quant (For diagnosis and monitoring) <input type="checkbox"/> HPCRBB HCV Genotyping (For treatment) <input type="checkbox"/> HEP C B		<b>OTHER SEROLOGY</b> <table border="1"> <thead> <tr> <th>Immunity</th> <th>Acute</th> </tr> </thead> <tbody> <tr> <td>CMV IgG    <input type="checkbox"/> CMVIGB</td> <td>CMV IgM    <input type="checkbox"/> CMVSP</td> </tr> <tr> <td>EBV IgG    <input type="checkbox"/> EBGSB</td> <td>EBV IgM    <input type="checkbox"/> EBVSP</td> </tr> <tr> <td>Measles IgG (Rubella)    <input type="checkbox"/> MIGB</td> <td>Measles IgM (Rubella)    <input type="checkbox"/> MEASP</td> </tr> <tr> <td>Mumps IgG    <input type="checkbox"/> MUIGB</td> <td>Mumps IgM    <input type="checkbox"/> MUMPS</td> </tr> <tr> <td>Parvo B19 IgG    <input type="checkbox"/> PARVIGB</td> <td>Parvo B19 IgM    <input type="checkbox"/> PARVP</td> </tr> <tr> <td>Rubella IgG    <input type="checkbox"/> RUBEB</td> <td>Rubella IgM    <input type="checkbox"/> RUBIP</td> </tr> <tr> <td>Varicella IgG    <input type="checkbox"/> VZIGB</td> <td></td> </tr> <tr> <td>H. pylori IgG    <input type="checkbox"/> HELIB</td> <td>HSV Type Specific IgG    <input type="checkbox"/> HSVTSS</td> </tr> <tr> <td>HTLV I / II    <input type="checkbox"/> HTLVB</td> <td></td> </tr> </tbody> </table> <b>OTHER TESTS (Specify)</b> For other available tests and sample collection information, consult the Public Health Laboratory's eLab Handbook at <a href="http://www.elabhandbook.info/PHSA/Default.aspx">www.elabhandbook.info/PHSA/Default.aspx</a>	Immunity	Acute	CMV IgG <input type="checkbox"/> CMVIGB	CMV IgM <input type="checkbox"/> CMVSP	EBV IgG <input type="checkbox"/> EBGSB	EBV IgM <input type="checkbox"/> EBVSP	Measles IgG (Rubella) <input type="checkbox"/> MIGB	Measles IgM (Rubella) <input type="checkbox"/> MEASP	Mumps IgG <input type="checkbox"/> MUIGB	Mumps IgM <input type="checkbox"/> MUMPS	Parvo B19 IgG <input type="checkbox"/> PARVIGB	Parvo B19 IgM <input type="checkbox"/> PARVP	Rubella IgG <input type="checkbox"/> RUBEB	Rubella IgM <input type="checkbox"/> RUBIP	Varicella IgG <input type="checkbox"/> VZIGB		H. pylori IgG <input type="checkbox"/> HELIB	HSV Type Specific IgG <input type="checkbox"/> HSVTSS	HTLV I / II <input type="checkbox"/> HTLVB	
Immunity	Acute																							
CMV IgG <input type="checkbox"/> CMVIGB	CMV IgM <input type="checkbox"/> CMVSP																							
EBV IgG <input type="checkbox"/> EBGSB	EBV IgM <input type="checkbox"/> EBVSP																							
Measles IgG (Rubella) <input type="checkbox"/> MIGB	Measles IgM (Rubella) <input type="checkbox"/> MEASP																							
Mumps IgG <input type="checkbox"/> MUIGB	Mumps IgM <input type="checkbox"/> MUMPS																							
Parvo B19 IgG <input type="checkbox"/> PARVIGB	Parvo B19 IgM <input type="checkbox"/> PARVP																							
Rubella IgG <input type="checkbox"/> RUBEB	Rubella IgM <input type="checkbox"/> RUBIP																							
Varicella IgG <input type="checkbox"/> VZIGB																								
H. pylori IgG <input type="checkbox"/> HELIB	HSV Type Specific IgG <input type="checkbox"/> HSVTSS																							
HTLV I / II <input type="checkbox"/> HTLVB																								

Form CPSE-100-0001f 1.00 Version 4.0 08/2019

## 3 - Prenatal Testing\*

- If nominal HIV testing, please provide 2 serum separator tubes.
- If non-nominal HIV testing, please provide 3 serum separator tubes.

## 4 - Perinatal Testing (Syphilis only)

- Please provide 1 serum separator tube.

## 5 - HIV Testing\*

- If nominal HIV testing, please provide 1 serum separator tube.
- If non-nominal HIV testing, please provide 2 serum separator tubes.

## 6 - Hepatitis Serology Testing

- Please provide 1 serum separator tube.

## 7 - Combinations of Syphilis, nominal HIV, Hepatitis Serology and Other Serology

- Please provide 1 serum separator tube.
- If non-nominal reporting for HIV\* is requested, please provide an additional serum separator tube (2 tubes in total).

## 8 - Hepatitis C PCR Testing

- For HCV RNA and HCV genotyping requests, please provide 1 EDTA plasma (lavender-top) tube.

## 9 - Other Tests

- Indicate all additional tests requested. Please consult the PHSA Laboratories [eLab Handbook](#) for specimen requirements.

\*Note for HIV patient has the legal right to choose not to have their name reported to public health.