

Section 1 - Patient Information and Physician Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	DATE COLLECTED (DD/MMM/YYYY)	TIME COLLECTED (HH:MM)	ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME		
DOB (DD/MMM/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK		
ADDRESS			ADDITIONAL COPIES TO: (Address / MSC#) 1. 2. 3.
CITY / TOWN	POSTAL CODE		
SAMPLE REFERENCE NO.			

Section 2 - Clinical Information

Clinical Information <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Headache / Stiff neck <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Rash symptoms <input type="checkbox"/> STD contact <input type="checkbox"/> STD symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Other, specify: _____		Reason for Test <input type="checkbox"/> Therapeutic monitoring <input type="checkbox"/> NEEDLESTICK <input type="checkbox"/> Immigration <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent <input type="checkbox"/> Prenatal <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Follow-up <input type="checkbox"/> Other, specify: _____	
Recent Travel (Date/Location)	Onset Date DD/MMM/YYYY	History	

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING HIV Nominal Reporting <input type="checkbox"/> HIV HIV Non-Nominal Reporting <input type="checkbox"/> HIV HBsAg <input type="checkbox"/> HBVP Rubella IgG <input type="checkbox"/> RUBIG Syphilis Screen <input type="checkbox"/> TPS Other Tests, specify: _____ EDC : _____ Hospital of Delivery : _____	HEPATITIS Acute - undefined etiology HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM <input type="checkbox"/> HEPS Chronic - undefined etiology HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV <input type="checkbox"/> HEPCH HBVSAG Hepatitis B Screen HBsAg, Anti-HBs, Anti-HBc Total <input type="checkbox"/> HBVSAG Specific Hepatitis Markers Anti-hepatitis A Total (Immune Status) <input type="checkbox"/> HAVT Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAVIM Anti-HBs (Immune Status) <input type="checkbox"/> HBVSAB Anti-HBc Total (Natural Infection) <input type="checkbox"/> HBCT Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HEBEAG Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HEBEAB Anti-HCV <input type="checkbox"/> HEPC	OTHER SEROLOGY <table border="0"> <tr> <th style="text-align: left;">Immunity</th> <th style="text-align: left;">Acute</th> </tr> <tr> <td>Measles IgG (Rubeola) <input type="checkbox"/> MIG</td> <td>Measles IgM (Rubeola) <input type="checkbox"/> MIM</td> </tr> <tr> <td>Mumps IgG <input type="checkbox"/> MUIG</td> <td>Mumps IgM <input type="checkbox"/> MUIM</td> </tr> <tr> <td>Parvo B19 IgG <input type="checkbox"/> PARVG</td> <td>Parvo B19 IgM <input type="checkbox"/> PARVM</td> </tr> <tr> <td>Rubella IgG <input type="checkbox"/> RUBIG</td> <td>Rubella IgM <input type="checkbox"/> RUBIM</td> </tr> <tr> <td>EBV IgG <input type="checkbox"/> EBGs</td> <td>EBV IgM <input type="checkbox"/> EBMS</td> </tr> <tr> <td>CMV IgG <input type="checkbox"/> CMVIG</td> <td>CMV IgM <input type="checkbox"/> CMVIM</td> </tr> <tr> <td>Varicella IgG <input type="checkbox"/> VZIG</td> <td>HTLV I / II <input type="checkbox"/> AHTLV</td> </tr> <tr> <td>HSV IgG <input type="checkbox"/> HSVIG</td> <td><i>H. pylori</i> IgG <input type="checkbox"/> HPGS</td> </tr> <tr> <td><i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM</td> <td></td> </tr> </table>	Immunity	Acute	Measles IgG (Rubeola) <input type="checkbox"/> MIG	Measles IgM (Rubeola) <input type="checkbox"/> MIM	Mumps IgG <input type="checkbox"/> MUIG	Mumps IgM <input type="checkbox"/> MUIM	Parvo B19 IgG <input type="checkbox"/> PARVG	Parvo B19 IgM <input type="checkbox"/> PARVM	Rubella IgG <input type="checkbox"/> RUBIG	Rubella IgM <input type="checkbox"/> RUBIM	EBV IgG <input type="checkbox"/> EBGs	EBV IgM <input type="checkbox"/> EBMS	CMV IgG <input type="checkbox"/> CMVIG	CMV IgM <input type="checkbox"/> CMVIM	Varicella IgG <input type="checkbox"/> VZIG	HTLV I / II <input type="checkbox"/> AHTLV	HSV IgG <input type="checkbox"/> HSVIG	<i>H. pylori</i> IgG <input type="checkbox"/> HPGS	<i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM	
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OTHER TESTS (Specify) _____ _____ _____																						
COMMENTS _____ _____ _____																						
For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's <i>Guide to Programs and Services</i> at www.phsa.ca/bccdcpublichealthlab																						

1 – Patient Information
2 – Clinical Information
 Please fill in as completely as possible.
 Note – For non-nominal HIV testing, omit the patient’s PHN

3 – Ordering Physician
4 – 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.
 For physicians who work at more than one location, please provide an address for delivery.

5 – Prenatal Testing
 Please provide 2 serum separator tubes

6 – Syphilis Testing
 Please provide 1 serum separator tube

7 – HIV Testing

8 – Hepatitis Testing

9 – Other Serology (except *H. pylori*)
 For any combination of testing for HIV, Hepatitis and Other Serology (except *H. pylori*), please provide 1 serum separator tube.

– *H. pylori* Testing
 Please provide 1 serum separator tube

10 – Other Tests
 Indicate all additional tests requested. Please consult the Guide to Programs & Services for specimen requirements.

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PHSA Laboratories

BC Centre for Disease Control
 Public Health Microbiology and Reference Laboratory, 655 West 12th Avenue, Vancouver, BC V5Z 4R4

Serology Screening Requisition

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For information on specimen collection, please call the Central Processing & Receiving Lab at 1-877-PHSALAB Form 300-CDXXXXXX Version 1.1 2009/06/29

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