BC Centre for Disease Control
Provincial Health Services Authority

Public Health Laboratory

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

Serology Screening Requisition

Highlighted fields must be completed

SER

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

PERSONAL HEALTH NUMBER (or out-of-province Health Number)

PATIENT LAST NAME

PATIENT FIRST AND MIDDLE NAME

DOB DD MMM YYYY

SEX M ☐ F ☐ X ☐ Unk ☐

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

CONTACT NO. (XXX) XXX-XXXX

DATE RECEIVED

LABORATORY USE ONLY

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY) Unk ☐

TIME COLLECTED (HH:MM) Unk ☐

ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)

☐ **I am a Locum** (provide name of Practitioner and Clinic to receive report)

ADDITIONAL COPIES TO PRACTITIONER / CLINIC: **(Limit of 3 copies available)**
(Name, Address / MSP#/ PHSA Client#)

1.

2.

3.

Section 2 - Clinical Information

SIGNATURE OF ORDERING PRACTITIONER

DATE SIGNED

Reason for Test

- ☐ Needlestick injury
- ☐ Outbreak/Cluster/Event
- ☐ Prenatal
- ☐ Other, specify: _____

Clinical Information

- ☐ Rash symptoms
- ☐ STI contact
- ☐ STI symptoms

Recent Travel History (Date/Location)

Onset Date (DD/MMM/YYYY)

Section 3 - Test(s) Requested

PRENATAL SCREENING

- ☐ Anti-HCV
- ☐ HIV
- ☐ HBsAg
- ☐ Rubella IgG
- ☐ Syphilis Antibody (1st Trimester)
- ☐ Other Tests, specify: _____

PERINATAL SYPHILIS

- ☐ Perinatal (>35 weeks/at delivery)

SYPHILIS ANTIBODY

- ☐ Routine (Non-prenatal)

HIV (Non-prenatal)

- ☐ HIV

HEPATITIS SEROLOGY (Serum)

- ☐ **Acute—undefined etiology** HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM
- ☐ **Chronic—undefined etiology** HBsAg, Anti-HBc Total Anti-HBs, Anti-HCV
- ☐ **Hepatitis B Screen Panel** HBsAg, Anti-HBs, Anti-HBc Total
- ☐ Anti-HAV Total (Immune Status)
- ☐ Anti-HAV IgM (Acute Infection)
- ☐ HBsAg Only
- ☐ Anti-HBs (Immune Status)
- ☐ HBeAg (Therapeutic Monitoring)
- ☐ Anti-HBe (Therapeutic Monitoring)
- ☐ Anti-HCV

HEPATITIS C PCR (EDTA Plasma)

- ☐ HCV RNA Quantitative (For diagnosis and monitoring)
- ☐ HCV Genotyping (For treatment)

OTHER SEROLOGY

Immunity	Acute
☐ CMV IgG	☐ CMV IgM
☐ EBV IgG	☐ EBV IgM
☐ Measles IgG (Rubeola)	☐ Measles IgM (Rubeola)
☐ Mumps IgG	☐ Mumps IgM
☐ Parvovirus B19 IgG	☐ Parvovirus B19 IgM
☐ Rubella IgG	☐ Rubella IgM
☐ Toxoplasma IgG	☐ Toxoplasma IgM
☐ Varicella IgG	
☐ HTLV I / II	☐ HSV Type Specific IgG

OTHER TESTS (Specify)

For other available tests and sample collection information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

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.

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SER

1 - Patient/Provider Information

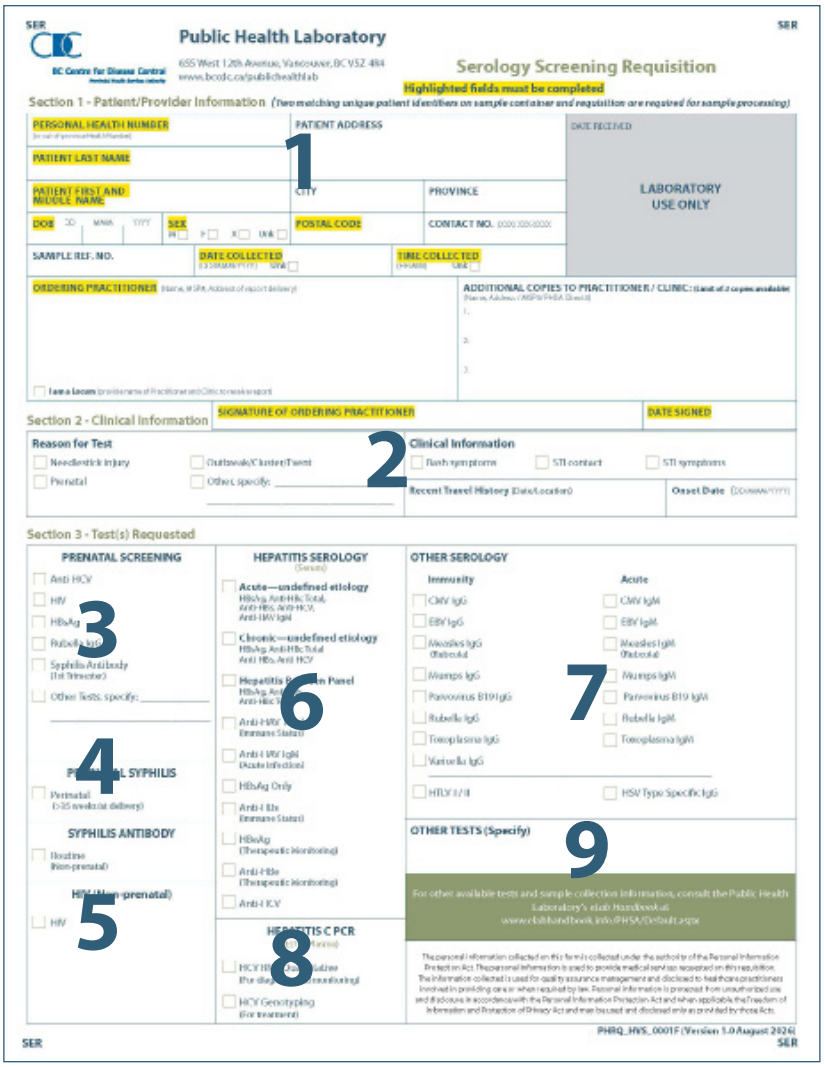
For practitioners who work at more than one location, please provide an address for delivery.

- Additional Copies To

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

2 - Clinical Information

Please fill in as completely as possible.



3 - Prenatal Testing

-Please provide 2 serum separator tubes.

4 - Perinatal Testing (Syphilis only)

-Please provide 1 serum separator tube.

5 - HIV Testing

-Please provide 1 serum separator tube.

6 - Hepatitis Serology Testing

-Please provide 1 serum separator tube.

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

-Please provide 1 serum separator tube.

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.