

Public Health Laboratory

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

Serology Screening Requisition



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/HEALTHCARE PROVIDER (Provide MSC#) Name and address of report delivery				
PATIENT SURNAME			PATIENT FIRST AND MIDDLE NAME							
DOB (DD/MMM/YYYY)			GENDER	□ м	□ F	UNK	I do	o not require a copy o	of the report	
ADDRESS							ADDITIONAL COPIES TO: (Address / MSC#) 1.			
CITY/TOWN POSTAL CO						2.				
SAMPLE REFERENCE NO.							3.			
Section 2 - Clinical Info										
Clinical Information						Reason for Test				
☐ Asymptomatic	astrointestinal symptoms			☐ Therapeutic monitoring ☐ NEEDLESTICK						
☐ Headache / Stiff neck ☐ Respirator			atory symptoms			☐ Immigration ☐ Acute ☐ Convalescent				
Rash symptoms STI con			contact STI symptoms			☐ Prenatal ☐ Outbreak/Cluster/Event				
☐ Fever	ther, specify:			☐ Follow-up ☐ Other, specify:						
Recent Travel (Date/Location)	Onset Date DD/MMM/YYYY			History						
Section 3 - Test(s) Requ	ested (No	te: Codes f	or PHSA Lab	s Use On	ly)					
PRENATAL SCREEN	HEPATITIS			OTHER SEROLOGY						
(PRENAT)		Acute - uno	Acute - undefined etiology			Immunity Acute				
HIV Non-Nominal Reporting	HIVCC	HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM		HEPSB		Measles IgG (Rubeola)		MIGB	Measles IgM (Rubeola)	MEASP
HBsAg	HBVP					Mumps IgG		MUIGB	Mumps IgM	MUMPS
Rubella IgG	RUBEB	Chronic - u	undefined etiology		Parvo B19 lgG		PARVGB	Parvo B19 IgM	PARVP	
Syphilis Antibody	TPE	HBsAg, Ant	i-HBc Total , Anti-HCV	DH	IEPCH	Rubella IgG		RUBEB	Rubella IgM	RUBP
Other Tests, specify:			,			EBV IgG		EBGSB	EBV IgM	EBVSP
		Hepatitis B Screen HBsAg, Anti-HBs, Anti-HBc Total		ПНВ	SAG	CMV IgG		CMVIGB	CMV IgM	CMVSP
						Varicella IgG		VZIGB	HTLV I / II	HTLVB
SYPHILIS (Non Prenatal)		Specific He	ers		HSV IgG		HSVIGB	H. pylori IgG	HELIB	
		Anti-hepati (Immune St		HA	AT					
Syphilis Antibody	ПТРЕ	Anti-hepati (Acute Infe		□НА	VMB	OTHER TESTS (Sp	ecify)			
HIV (Non Prenatal)		HBsAg Only		ШНВ	VSA					
Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting		(Immune Status)		ПНВ	SAB					
				ПНВ	XEA	COMMENTS				
HIV	HIVCC	Anti-HBe (Therapeut	ic Monitoring)	□НВ	XEB					
Non-Nominal Reporting Requested	HIVCC	Anti-HCV	·····3/	ПНЕ	РСВ					
· - ·						For other available tests and additional information, consult the Public Health Laboratory's <i>eLab Handbook</i> at www.elabhandbook.info/PHSA/Default.aspx				



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1 - Patient Information

2 - Clinical Information

Please fill in as completely as possible.

3 - Ordering Physician

4 - Additional Copies To:

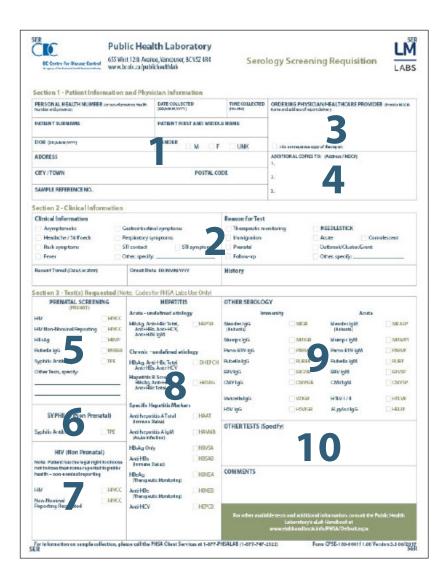
The Ordering Physician will receive one copy of the report. Each physician or client listed under Additional Copies To: will receive a copy of the report.

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

5 - Prenatal Testing

Note for HIV: Patient has the legal right to choose not to have their name reported to public health

Please provide 2 serum separator tubes.



6 - Syphilis Testing

7- HIV Testing

Note: Patient has the legal right to choose not to have their name reported to public health (Non-Nominal Reporting)

- 8 Hepatitis Testing
- 9 Other Serology

For any combination of testing for Syphilis, HIV, Hepatitis and Other Serology, please provide 1 serum separator tube.

10 - Other Tests

Indicate all additional tests requested. Please consult the PHSA Laboratories eLab Handbook for specimen requirements.