

# **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)

| PERSONAL HEALTH NUM<br>(or out-of province Health Number |                   | ORDERING PRACTITIONER<br>Name and MSC#  | DATE RECEIVED                   |
|--|-------------------|---|---------------------------------|
| PATIENT SURNAME  |                   | Address of<br>report delivery   |                                 |
| PATIENT FIRST AND<br>MIDDLE NAME                         |                   |   | LABORATORY<br>USE ONLY          |
| DOB<br>(DD/MMM/YYYY)                                     | SEX M F X U (Unk) |   |                                 |
| PATIENT ADDRESS  |                   | ADDITIONAL COPIES TO PRACTITIONER / CLINIC:<br>(Name, Address / MSC#/ PHSA Client#) (Limit of 3 copies available)<br>1. | OUTBREAK ID                     |
|  |                   | 2.  | SAMPLE REF. NO.                 |
| СІТҮ   |                   | - 3.  | DATE COLLECTED<br>(DD/MMM/YYYY) |
| PROVINCE   | POSTAL CODE       |   | TIME COLLECTED<br>(HH:MM)       |

#### **Section 2 - Clinical Information**

| Reason for Test |                        | <b>Clinical Information</b>           | 1           |  |                          |
|-----------------|------------------------|---------------------------------------|-------------|--|--------------------------|
|                 | Outbreak/Cluster/Event | Rash symptoms                         | STI contact |  | STI symptoms             |
| Prenatal        | Other, specify:        | Recent Travel History (Date/Location) |             |  | Onset Date (DD/MMM/YYYY) |
|                 |                        |                                       |             |  |                          |

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

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



# **Public Health Laboratory**

ontrol www.bccdc.ca/publichealthlab



## **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.

| BC Centre for Disease Control<br>As agency of the Producted Health Services Archeoly   |   | st 12th Avenue, Vancou<br>ccdc.ca/publichealthlal  |   | Serolog  | gy Screening  | g Requisitio   |   |
|--|---|--|---|--|---|--|---|
| Section 1 - Patient/Prov   |   | ormation (Twomat   |   |  | ontainer and requisit   | 1  | ample processing  |
| PERSONAL HEALTH NUMBER<br>(or out-of province Health Number and p  | t<br>province)  | 1  | ORDERING PRACT  | TITIONER   |   | DATE RECEIVED  |   |
| PATIENT SURNAME  |   |  | Address of report delivery  |  |   |  |   |
| PATIENT FIRST AND<br>MIDDLE NAME   |   |  |   |  |   | LABOR  |   |
| DOB SEX  |   | 🗌 F 🔄 X 🗌 U (Unk)  | I do not require a copy of the report I am a Locum <sup>1</sup><br>If Locum, include name of Practitioner you are covering for  |  |   | USE ONLY   |   |
| PATIENT ADDRESS  |   |  | ADDITIONAL COP<br>Name, Address / MSCW/   | PIES TO PRACTITIONER /<br>PHSA Client#) (Limit of 3 copies   | CLINIC:<br>savailable)  |  |   |
|  |   |  | 1.  |  |   | OUTBREAK ID  |   |
| CITY   |   |  | 2.  |  |   | SAMPLE REF. NO.  |   |
| PROVINCE   | POSTAL  | CODE   | 3.  |  |   | DATE COLLECTED<br>(DD/MMM/YYYY)  |   |
|  | 100114  |  |   |  |   | TIME COLLECTED<br>(HH:MM)  |   |
| ection 2 - Clinical Infor  | mation  |  |   |  |   |  |   |
| Reason for Test  |   |  |   | Clinical Information   |   |  |   |
| NEEDLESTICK     Prenatal   |   | utbreak/Cluster/Event<br>ther, specify:  |   | Rash symptoms  | STI contact   | STI sympto   | oms   |
|  |   |  |   | Recent Travel History (  | Jano Lotalitori j   |  |   |
| ection 3 - Test(s) Reque   | ested (No   | ote: Codes for PHSA  | EROLOGY   | OTHER SEROLOGY   |   |  |   |
| PRENATAL SCREENII<br>(PRENAT)  | ested (No<br>NG   | HEPATITIS S<br>(Seru<br>Acute - undefined e  | SEROLOGY<br>Im)   |  |   | Acute  |   |
| PRENATAL SCREENII<br>(PRENAT)  | ested (No<br>NG   | HEPATITIS S<br>(Serv<br>Acute - undefined e<br>HBsAg, Anti-HBc Anti-HB, Anti-HBs, Anti-HB, Anti-HB, Anti-HB, Anti-HB, Anti-HB, Anti-HB, Anti-HCV, Anti-HCV, Anti-HB, Anti-HCV, Anti-HCV, Anti-HB, Anti-HB, Anti-HCV, Anti-HB, Anti-H  | EROLOGY   | OTHER SEROLOGY<br>Immur<br>CMV IgG   | nity  | Acute<br>CMV IgM   | CMVSP   |
| PRENATAL SCREENII<br>(PRENAT)  | ested (No<br>NG   | HEPATITIS S<br>(Serv<br>Acute - undefined e<br>HBsAg, Anti-HBc.Total,<br>Anti-HBs, Anti-HCV,<br>Anti-HBs, Anti-HCV,<br>Anti-HAV IgM  | SEROLOGY<br>Imi)<br>tiology<br>HEPSB  | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG  | nity  | Acute<br>CMV IgM<br>EBV IgM  | CMVSP   |
| PRENATAL SCREENII<br>(PRENAT)  | ested (No<br>NG<br>HIVCC<br>HIVCC   | HEPATITIS S<br>(Serv<br>Acute - undefined e<br>HBsAg, Anti-HBc Anti-HB, Anti-HBs, Anti-HB, Anti-HB, Anti-HB, Anti-HB, Anti-HB, Anti-HB, Anti-HCV, Anti-HCV, Anti-HB, Anti-HCV, Anti-HCV, Anti-HB, Anti-HB, Anti-HCV, Anti-HB, Anti-H  | SEROLOGY<br>Imi)<br>tiology<br>HEPSB  | OTHER SEROLOGY<br>Immur<br>CMV IgG   | nity  | Acute<br>CMV IgM   | CMVSP   |
| PRENATAL SCREENII<br>(PRENAT)<br>HIV [<br>HIV Non-Nominal Reporting ]<br>HBSAg   | ested (No<br>NG<br>HIVCC<br>HIVCC<br>HIVCC  | HEPATITIS S<br>(Seru<br>Acute - undefined e<br>HBsAg, AntH&C Total,<br>AntH&S, AntHAC,<br>AntHAV IgA<br>Chronic - undefineet<br>HBsAg, AntH&C Total<br>AntH&S south - BS<br>HBsAg, AntH-BS<br>HBsAg, AntH-BS   | tiology<br>d etiology<br>d HEPSB  | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Measles IgG<br>@ubeola)<br>Mumps IgG  | nity<br>CMVIGB<br>EBGSB<br>MIGB<br>MUIGB  | Acute<br>CMV IgM<br>EBV IgM<br>Measles IgM<br>(Rubeola)<br>Mumps IgM   | CMVSP   |
| PRENATAL SCREENII<br>(PRENAT)  | ested (No<br>NG<br>HIVCC<br>HIVCC<br>HIVP<br>RUBEB  | HEPATITIS S<br>(Series)<br>Acute - undefinet<br>HisArg, Ant-HisC, Total,<br>Ant-HisC, Ant-HisC, Marti-HisC,<br>Ant-HisC, Ant-HisC,<br>Marti-HisS, Ant-HisC, Total<br>Anti-HisS, Ant-HisC,<br>Hepatitis B Screen F<br>HisArg, Ant-HisS,<br>Ant-HisC, Total  | tiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology  | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Measles IgG<br>@abeola)<br>Mumps IgG<br>Parvo B19 IgG   | h <b>ity</b> CMVIGB EBGSB MIGB MIGB PARVGP  | Acute<br>CMV IgM<br>EBV IgM<br>Measles IgM<br>(Babeola)<br>Mumps IgM<br>Parvo B19 IgM                                      | CMVSP<br>EBVSP<br>MEASP<br>MUMPS<br>PARVP                                       |
| PRENATAL SCREENII<br>(PRENAT)<br>HIV  <br>HIN Non-Nominal Reporting  <br>HBSAg  <br>Rubella IgG  <br>(1st Trimester)   | ested (No<br>NG<br>HIVCC<br>HIVCC<br>HIVP<br>RUBEB  | HEPATITIS S<br>(Seru<br>Acute - undefined e<br>HBsAg, AntH&C Total,<br>AntH&S, AntHAC,<br>AntHAV IgA<br>Chronic - undefineet<br>HBsAg, AntH&C Total<br>AntH&S south - BS<br>HBsAg, AntH-BS   | tiology<br>d etiology<br>d etiology<br>DHEPCH   | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Measles IgG<br>Rubeslai<br>Numps IgG<br>Parvo B19 IgG<br>Rubella IgG  | nity<br>CIMVIGB<br>EBGSB<br>MIGB<br>MUIGB<br>PARYCB<br>RUBEB  | Acute<br>CMV IgM<br>EBV IgM<br>Measles IgM<br>(Rubeola)<br>Mumps IgM   | CMVSP   |
| PRENATAL SCREENII<br>(PRENAT)<br>HM INNon-Nominal Reporting<br>HBsAg<br>Rubella IgG<br>Syphilis Antib<br>(Ist Timester)<br>Ust Timester)   | ested (No<br>NG<br>HIVCC<br>HIVCC<br>HBVP<br>RUBEB<br>TPE   | HEPATITIS S<br>Clean<br>Content of the second<br>Hiskag Anti-Hesc Total<br>Anti-Hesc Anti-Hesc Total<br>Anti-Hesc Anti-Hesc Total<br>Anti-Hesc Anti-Hesc Total<br>Anti-Hespatitis A Second<br>Anti-hespatitis A IgM  | tiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology<br>detiology  | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Measles IgG<br>@abeola)<br>Mumps IgG<br>Parvo B19 IgG   | h <b>ity</b> CMVIGB EBGSB MIGB MIGB PARVGP  | Acute<br>CMV IgM<br>EBV IgM<br>Measles IgM<br>(Babeola)<br>Mumps IgM<br>Parvo B19 IgM                                      | CMVSP<br>EBVSP<br>MEASP<br>MUMPS<br>PARVP                                       |
| PRENATAL SCREENII<br>(PRENAT)<br>HIV<br>Nor-Nominal Reporting<br>HIRAG<br>Rubella (pG<br>(St Timester)<br>Other Texts, specify:<br>PERINATAL SYPHILI   | ested (No<br>NG<br>HIVCC<br>HIVCC<br>HBVP<br>RUBEB<br>TPE   | HEPATITISS<br>Sette<br>Hisky Anti-Hick Table<br>Hisky Anti-Hick Table<br>Anti-Hisk Anti-Hick<br>Anti-Hisk Anti-Hick<br>Anti-Hisk Anti-Hick<br>Anti-Hisk Anti-Hick<br>Anti-Hepatitis A Gran<br>Anti-Hepatitis A Jah<br>(Anti-Hepatitis A Jah<br>(Anti-Hepatitis A Jah<br>(Anti-Hepatitis A Jah<br>(Anti-Hepatitis A Jah   | SEROLOGY<br>ImitiologyHEPSB<br>detiologyHEPSB<br>detiologyHEPCH<br>HBSAG<br>HAVMB   | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Measles IgG<br>Rubeola<br>Mumps IgG<br>Rubella IgG<br>Varicella IgG   | htty<br>CMVIGB<br>EBGSB<br>MIGB<br>MIGB<br>PARVCD<br>RUBEB<br>VZIGB   | Acute<br>CMV IgM<br>EDV IgM<br>Mumps IgM<br>Parvo B19 IgM<br>Rubella IgM   | CAVVSP<br>EBVSP<br>MEASP<br>MUMP<br>PARVP<br>RUBP                               |
| PRENATAL SCREENII<br>(PRENAT)<br>HIM Non-Nominal Reporting<br>HIBAg<br>Rubella (pS<br>Syphils Antit-<br>(14 tilmeste)<br>Other Tests. specify:<br>PERINATAL SYPHILI  | ested (No<br>NG<br>HIVCC<br>HIVCC<br>HBVP<br>RUBEB<br>TPE   | HEPATITIS S<br>Carte - undefined e<br>Hildsd, Anti-Hic Total,<br>Anti-Hick Hild Tot,<br>Anti-Hick Hild Total<br>Hildsd, Anti-Hick<br>Hildsd, Anti-Hick<br>Anti-Hepatitis & Crean<br>Hildsd, Anti-Hepatitis &<br>Anti-Hepatitis &<br>An   | CALCED CONTRACT OF CONTRACT | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Measles IgG<br>Rubeslai<br>Numps IgG<br>Parvo B19 IgG<br>Rubella IgG  | nity<br>CIMVIGB<br>EBGSB<br>MIGB<br>MUIGB<br>PARYCB<br>RUBEB  | Acute<br>CMV IgM<br>EBV IgM<br>Measles IgM<br>(Babeola)<br>Mumps IgM<br>Parvo B19 IgM                                      | CMVSP<br>EBVSP<br>MEASP<br>MUMPS<br>PARVP<br>RUBP                               |
| PRENATAL SCREENII<br>(PRENAT)<br>HIM Non-Nominal Reporting<br>HIM Non-Nominal Reporting<br>HIM Non-Nominal Reporting<br>HIM Syphils Antib<br>Other Tests specify:<br>PREINATAL SYPHIL<br>Perinatal<br>SYPHILIS ATIBOD        | HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>RUBEB<br>TPE<br>IS<br>PDSYP   | HEPATITIS S<br>Carte - undefined e<br>Hillsda, Anti-Her Total,<br>Anti-Hel Yold L.<br>Anti-Hel Yold L.<br>HISAG ON <br>Anti-Hel Yold L.<br>Anti-Hel Yold   | SEROLOGY<br>mmy<br>telology<br>detiology<br>DHEPCH<br>Canel<br>HBSAG<br>HAAT<br>HAVMB<br>HBSAB<br>HBSAB<br>HBSAB  | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Miceales IgG<br>Bubeola<br>Mumps IgG<br>Parvo B19 IgG<br>Rubella IgG<br>Varicella IgG<br>H. <i>pylori</i> IgG<br>HTLV I/ II   | hty<br>CMVIGB<br>EBGSB<br>MIGB<br>PARVCR<br>RUBEB<br>VZIGB<br>HELIB<br>HTLVB  | Acute<br>CMV IgM<br>EDV IgM<br>Mumps IgM<br>Parvo B19 IgM<br>Rubella IgM   | CAVVSP<br>EBVSP<br>MEASP<br>MUMP<br>PARVP<br>RUBP                               |
| PRENATAL SCREENII<br>(PRENAT)<br>HIM Non-Nominal Reporting<br>HIM Non-Nominal Reporting<br>HIM Non-Nominal Reporting<br>HIM Syphils Antib<br>Other Tests specify:<br>PREINATAL SYPHIL<br>Perinatal<br>SYPHILIS ATIBOD        | HIVCC<br>HIVCC<br>HIVCC<br>HBVP<br>RUBEB<br>TPE<br>TPE  | HEPATITISS<br>State<br>Acute - undefined e<br>HB/sdg Anti-HC: Table<br>Andi-HB: Anti-HC:<br>Anti-HB: Anti-HC:<br>Anti-HB: Anti-HC:<br>Anti-HB: Anti-HC:<br>HB/sdg Anti-HC:<br>HB/sdg Anti-HC:<br>Anti-HB: Table<br>Anti-HB: Table<br>Anti-HB: Table<br>Anti-HB: Table<br>Anti-HB:<br>Anti-HB: Table<br>Anti-HB:<br>MB/sdg Only<br>HB/sdg Only<br>HB/sd | BEROLOGY<br>m)<br>tiology HEPSB<br>detiology DHEPCH<br>anel HBSAG<br>HAAT<br>HAVMB<br>HBVSA<br>HBSAB<br>HBXEA<br>HBXEA  | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Bubeola)<br>Mumps IgG<br>Rubella IgG<br>Varicella IgG<br>Varicella IgG  | hty<br>CMVIGB<br>EBGSB<br>MIGB<br>PARVCR<br>RUBEB<br>VZIGB<br>HELIB<br>HTLVB  | Acute<br>CMV IgM<br>EDV IgM<br>Mumps IgM<br>Parvo B19 IgM<br>Rubella IgM   | EBVSP MEASP MUMPS PARVP RUBP  |
| PRENATAL SCREENII<br>(PRENAT)<br>HM (PRENAT)<br>HIM Non-Nominal Reporting<br>HBsAg<br>Rubella (g 3 )<br>Syphilis Antibu<br>(ui timosta)<br>Other Tests, specify:<br>PERINATAL SYPHIL<br>SYPHILS ATIBOD<br>Routine            | IFFE  | HEPATITIS S<br>Carte - undefined e<br>Hildsa, Anti-Hic Total,<br>Anti-Hiv/gal<br>Hildsa, Anti-Hiv/gal<br>Hildsa, Anti-Hiv/gal<br>Hildsa, Anti-Hiv/gal<br>Hildsa, Anti-Hepatitis A<br>Anti-Hepatitis A<br>Anti-Hepatitis A<br>Anti-Hepatitis A<br>Anti-Hepatitis A<br>(Anti-Hepatitis A<br>Mini-Hepatitis A<br>(Anti-Hepatitis A<br>(Anti-Hepatitis A<br>(Anti-Hepatitis A<br>(Anti-Hepatitis A<br>(Anti-Hepatitis A<br>(Anti-Hepatitis A<br>(Anti-Hepatitis A)<br>(Anti-Hepatitis A)   | BEROLOGY<br>m)<br>tiology HEPSB<br>detiology DHEPCH<br>anel HBSAG<br>HAAT<br>HAVMB<br>HBVSA<br>HBSAB<br>HBXEA<br>HBXEA  | OTHER SEROLOGY<br>Immur<br>CWV IgG<br>EVV IgG<br>EVV IgG<br>Meaning IgG<br>Parvo 819 IgG<br>Rubeila IgG<br>Varicella IgG<br>HLV I//I<br>OTHER TESTS (Speci<br>Torother available test  | htty<br>CMVIGB<br>EBGSB<br>MIGB<br>PARVCD<br>RUBEB<br>VZIGB<br>HTLVB<br>tfy   | Acute<br>CNV IgM<br>EDV IgM<br>Masseds IgM<br>Bateola?<br>Mumps IgM<br>Parvo B19 IgM<br>Rubella IgM<br>H5V Type Specific H | CMVSP<br>EBVSP<br>MAASP<br>MUMPS<br>PARVP<br>RUBP                               |
| PRENATAL SCREENI<br>(PRENAT)<br>HN INNon-Nominal Reporting<br>HBSAg<br>Syphilis Anttbia<br>(Ust Timester)<br>Other Tests, specify:<br>PERINATAL SYPHILIS<br>SYPHILIS VTIBOD<br>Routine<br>(Non Prenata)<br>HIV (Non Prenata) | IFFE  | HEPATITIS S<br>Carte - undefined e<br>Hildsd, Anti-Hic Total,<br>Anti-Hiv (Hill)<br>Anti-Hiv (Hill)<br>Anti-Hiv (Hill)<br>Histog, Anti-Hep (Hill)<br>Histog, Anti-Hep (Hill)<br>Anti-Hep (Hill)<br>Anti-Hep (Hill)<br>Anti-Hep (Hill)<br>Anti-Hep (Hill)<br>Anti-Hep (Hill)<br>(Therapeutic Konstorl<br>Anti-HBe<br>(Therapeutic Konstorl<br>Anti-HBe<br>(Therapeutic Konstorl<br>Anti-HBe   | SEROLOGY<br>mmy<br>tiology<br>HEPSB<br>detiology<br>HEPCH<br>HBSAG<br>HAAT<br>HAVMB<br>HAVMB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB<br>HAVAB   | OTHER SEROLOGY<br>Immur<br>CWV IgG<br>EVV IgG<br>EVV IgG<br>Meaning IgG<br>Parvo 819 IgG<br>Rubeila IgG<br>Varicella IgG<br>HLV I//I<br>OTHER TESTS (Speci<br>Torother available test  | hty<br>CMVHGB<br>EBGSB<br>MKGB<br>MUGB<br>PARVCD<br>RUBEB<br>VZIGB<br>HTLVB<br>HTLVB  | Acute<br>CNV IgM<br>EDV IgM<br>Masseds IgM<br>Bateola?<br>Mumps IgM<br>Parvo B19 IgM<br>Rubella IgM<br>H5V Type Specific H | CMVSP<br>EBVSP<br>MAASP<br>MUMPS<br>PARVP<br>RUBP                               |
| PRENATAL SCREENI<br>(PRENAT)<br>HM Mon-Nominal Reporting<br>HBAg<br>Rubella (g 3 4 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8   | ested (Nc<br>NG<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVCC<br>HIVC | HEPATITIS S<br>Carte - undefined e<br>Hillsda, Anti-Hic Total,<br>Anti-Hiv (Hill)<br>Anti-Hiv (Hill)<br>Anti-Hiv (Hill)<br>Anti-Hiv (Hill)<br>Anti-Hiv (Hill)<br>Anti-Hepatitis A<br>formane Satus)<br>Anti-Hepatitis A<br>formane Satus)<br>HiSAg Only<br>Anti-Hill<br>formane Satus)<br>HiSAg Only<br>Anti-Hill<br>formane Satus)<br>HiSAg (Therapeutic Monitori<br>Anti-Hille   | SEROLOGY<br>Intology<br>Itology<br>HEPSB<br>detiology<br>DHEPCH<br>ABSAG<br>HAAT<br>HAVMB<br>HBXAB<br>HBXAB<br>HBXAB<br>HBXEA<br>HBXEB<br>HBXEB<br>SC PCR   | OTHER SEROLOGY<br>Immur<br>CMV IgG<br>EBV IgG<br>Measles IgG<br>Stubeckalo<br>Numps IgG<br>Parvos B19 IgG<br>Rubella IgG<br>Varicella IgG<br>HLV/L/II<br>OTHER TESTS (Spect<br>For other available test<br>ww<br>Theperson information the process | hty  CMWIGB  EBGSB  MIGB  MIGB  MUGB  PARCCP  RUBEB  VZIGB  ify  s and sample collectic  Laboratory's <i>et ab</i> stry welebblandtbookinfe | Acute<br>CNV IgM<br>EDV IgM<br>Masseds IgM<br>Bateola?<br>Mumps IgM<br>Parvo B19 IgM<br>Rubella IgM<br>H5V Type Specific H | CAVVSP<br>EBVSP<br>MEASP<br>PARP<br>RUBP<br>30 HSVTSS<br>30 HSVTSS<br>30 HSVTSS |

## 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 <u>eLab Handbook</u> for specimen requirements.

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