

General Test Requisition

ALL sections of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd)

PHO Lab No.:

Ordering Healthcare Provider Information

Licence No.: _____ Healthcare Provider Full Name: _____
Org. Name: _____ Address: _____
City: _____ Postal Code: _____ Province: _____
Tel: _____ Fax: _____

Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.: _____ Lab / Health Unit / Other Authorized Provider Name: _____
Org. Name: _____ Address: _____
City: _____ Postal Code: _____ Province: _____
Tel: _____ Fax: _____

Patient Setting

Clinic / Community ER (Not Admitted / Not Yet Determined) ER (Admitted)
Inpatient (Non-ICU) ICU / CCU Congregate Living Setting

Testing Indication(s) / Criteria

Diagnosis Screening Immune Status Follow-up / Convalescent
Pregnancy / Perinatal Impaired Immunity Post-mortem

Other (Specify): _____

Signs / Symptoms

No Signs / Symptoms ★ **Onset Date (yyyy-mm-dd):** _____
Fever Rash STI
Gastrointestinal Respiratory Hepatitis Meningitis / Encephalitis

Other (Specify): _____

Relevant Exposure(s)

None / Not Applicable Most Recent Date (yyyy-mm-dd): _____
Occupational Exposure / Needlestick Injury (Specify): _____ Source Exposed

Other (Specify): _____

Relevant Travel(s)

None / Not Applicable Most Recent Date (yyyy-mm-dd): _____

Travel Details: _____

Patient Information

Health Card No.: _____
Date of Birth (yyyy-mm-dd): ____ / ____ / ____ Sex: Male
Medical Record No.: _____ Female
Last Name (per health card): _____
First Name (per health card): _____
Address: _____ Postal Code: _____
City: _____ Tel: _____

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ Date Collected (yyyy-mm-dd)	Submitter Lab No.:	
Whole Blood	Serum	Plasma
Bone Marrow	Cerebrospinal Fluid (CSF)	Nasopharyngeal Swab (NPS)
Oropharyngeal / Throat Swab	Sputum	Bronchoalveolar Lavage (BAL)
Endocervical Swab	Vaginal Swab	Urethral Swab
Urine	Rectal Swab	Faeces

Other (Specify type AND body location): _____

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

For routine hepatitis A, B or C serology, complete this section instead:

	Immune Status	Acute Infection
Hepatitis A	(HAV IgG)	(HAV IgM, signs/symptoms info)
Hepatitis B	(anti-HBs)	(HBsAg + total anti-HBc)
	Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)	Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C	Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.	