Ontario

Ministry of Health and Long-Term Care

Laboratory Requisition

Requisitioning Clinician / Practitioner

Name

Karen Curry, NP

Address

PurposeMed
177 Division St
Kingston,Ontario,K7K 3Y9
Tel:(705) 915-3703
Fax:(855) 719-0483

Clinician/Practitioner Number: 726630

CPSO / Registration No.: CPSO: 0555839

Check (✓) one:

☐ OHIP/Insured ☐ Third Party / Uninsured ☐ WSIB

Additional Clinical Information *(e.g. diagnosis)*

☐ Copy to: Clinician/Practitioner

Last Name First Name

Address

Laboratory Use Only

Clear Form

Clinician/Practitioner's Contact Number for Urgent Results: (705) 915-3703

Service Date: yyyy mm dd

Health Number: 1230433599

Version: TK

Sex: ☒ M ☐ F

Date of Birth: yyyy mm dd: 1996/05/07

Province: ON

Other Provincial Registration Number:

Patient's Telephone Contact Number: 647-963-0498

Patient's Last Name *(as per OHIP Card)*: AGUDA

Patient's First & Middle Names *(as per OHIP Card)*: VONNE

Patient's Address *(including Postal Code)*: 157 Badessa Circle, Vaughan, ON, L4J 6E2

Note: Separate requisitions are required for cytology, histology / pathology, ColonCancerCheck FIT test, and tests performed by Public Health Laboratory

x	Biochemistry
☐	Glucose ☐ Random ☐ Fasting
☐	HbA1C
☒	Creatinine (eGFR)
☐	Uric Acid
☐	Sodium
☐	Potassium
☐	ALT
☐	Alk. Phosphatase
☐	Bilirubin
☐	Albumin
☐	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)
☐	Albumin / Creatinine Ratio, Urine
☐	Urinalysis (Chemical)
☐	Neonatal Bilirubin:
☐	Child's Age: days hours
	Clinician/Practitioner's tel. no.
	Patient's 24 hr telephone no.
☐	Therapeutic Drug Monitoring:
☐	Name of Drug #1
	Name of Drug #2
	Time Collected #1 hr. #2 hr.
	Time of Last Dose #1 hr. #2 hr.
	Time of Next Dose #1 hr. #2 hr.

x	Hematology
☐	CBC
☐	Prothrombin Time (INR)
	Immunology
☐	Pregnancy Test (Urine)
☐	Mononucleosis Screen
☐	Rubella
☐	Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)
☐	Repeat Prenatal Antibodies
	Microbiology ID & Sensitivities (if warranted)
☐	Cervical
☐	Vaginal
☐	Vaginal / Rectal – Group B Strep
☐	Chlamydia *(specify source)*:
☐	GC *(specify source)*:
☐	Sputum
☐	Throat
☐	Wound *(specify source)*:
☐	Urine
☐	Stool Culture
☐	Stool Ova & Parasites
☐	Other Swabs / Pus *(specify source)*:

x	Viral Hepatitis *(check **one** only)*
☐	Acute Hepatitis
☐	Chronic Hepatitis
☐	Immune Status / Previous Exposure *Specify*: ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C or order individual hepatitis tests in the "Other Tests" section below

Prostate Specific Antigen (PSA)

☐ Total PSA ☐ Free PSA

Specify one below:

☐ Insured – Meets OHIP eligibility criteria

☐ Uninsured – Screening: Patient responsible for payment

Vitamin D (25-Hydroxy)

☐ Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism

☐ Uninsured - Patient responsible for payment

Other Tests - one test per line

SEE MORE TESTS ON PAGE 2.

I hereby certify the tests ordered are not for registered in or out patients of a hospital.

Specimen Collection

Time | Date

x _____ Clinician/Practitioner Signature

2021-12-13 Date

Laboratory Use Only

Print

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Public Health Ontario | Santé publique Ontario

HIV Serology
HIV PCR Test Requisition

For laboratory use only
Date received (yyyy/mm/dd):
PHOL No.:

ALL Sections of this form must be completed at every visit

1- Submitter

Karen Curry, NP
PurposeMed
177 Division St
Kingston,Ontario,K7K 3Y9
Tel:(705) 915-3703
Fax:(855) 719-0483

Submitter lab no. number (if applicable):

Clinician initial / Surname and OHIP / CPSO No.:
726630 CPSO: 0555839

Telephone: (705) 915-3703 Fax: (855) 719-0483

cc Doctor / Qualified Health Care Provider Information

Name: Telephone:

Lab / Clinic Name: Fax:

CPSO No.:

Address: Postal Code:

6 - Specimen Details

Collection date of specimen (yyyy/mm/dd):

Type of specimen: ☐ Whole blood ☐ Dried blood spot (HIV PCR only) ☒ Serum ☐ ACD / EDTA ☐ Plasma

Tests requested: ☒ HIV1 / HIV2 ☐ HIV PCR (for infant diagnosis ≤18 months)

Comments:

7 - Reason for Test (check all that apply)

- ☐ Routine
- ☐ Known to be HIV positive (repeat test)
- ☐ Symptoms - acute seroconversion (e.g. flu-like illness, fever, rash)
- ☐ Symptoms - advanced disease / AIDS
- ☐ Sexual assault
- ☐ Visa / immigration requirement
- ☐ Prenatal
- ☒ Pre-exposure prophylaxis
- ☐ Post-exposure prophylaxis
- ☐ Infant diagnosis ≤18 months
- ☐ Self-test; result: ☐ POS ☐ NEG ☐ Invalid
- ☐ Other, please specify:

8 - Previous Test Information

Last test result:
- ☐ Negative
- ☐ Positive (in Ontario)
- ☐ Positive (outside Ontario)
- ☐ Unknown
- ☐ Indeterminate

Previous PHOL sample no. (if available):

2 - Patient Information

Health Card No.: 1230433599 TK
Medical Record No.:

Date of Birth (yyyy/mm/dd): 1996/05/07
Sex: ☒ M ☐ F ☐ TM* ☐ TF*
*TF = transfemale (M to F); TM = transmale (F to M)

Last Name: AGUDA
First Name: VONNE

Address: 157 Badessa Circle

City: Vaughan
Postal Code: L4J 6E2

PHO study or program no. (if applicable):

3 - Country of Birth: Canada

4 - Race Ethnicity (check all that apply)

- ☐ White
- ☐ Black
- ☐ First Nations
- ☐ Métis
- ☐ Inuit
- ☐ South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)
- ☐ Other, please specify:
- ☐ Southeast / East Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent; Chinese, Korean, Japanese, Taiwanese descent)
- ☐ Arab / West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan)
- ☐ Latin American (e.g. Mexican, Central / South American)

5 - Risk Factors (check all that apply)

- ☐ Sex with women
- ☐ Sex with men
- ☐ Injection drug use
- ☐ Born in an HIV-endemic country (includes countries in sub-Saharian Africa and the Caribbean)
- ☐ Child of HIV+ mother
- ☐ Other, please specify:

Sex with a person who was known to be:
- ☐ HIV-positive
- ☐ Using injection drugs
- ☐ Born in an HIV-endemic country (includes countries in sub-Saharian Africa and the Caribbean)
- ☐ A bisexual male

CONFIDENTIAL WHEN COMPLETED

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.

Form No. F-SD-SCG-1001 (21/03/23).

Ontario