

General 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 Courier Code: Name SUNSHINE LONG-TERM CARE HOME Address 123 RIVERSIDE DRIVE EAST City & Province Windsor, Ontario Postal Code N1C 2A3			2 - Patient Information Health Card No.: XXXX-XXX-XXX Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (yyyy/mm/dd): XXXX-XX-XX Medical Record No.: Last Name per health card: SMITH First Name per health card: JOHN Address: 123 RIVERSIDE DRIVE EAST Windsor, Ontario Postal Code: N1C 2A3 Phone Number: XXX-XXX-XXXX Submitter Lab No.: Public Health Unit Outbreak No.: 2268-YEAR-XXXXX Public Health Investigator Information Name: IDP DEPARTMENT: CD - OUTBREAK MANAGEMENT Health Unit: WINDSOR-ESSEX COUNTY HEALTH UNIT Tel: 519-258-2146 Fax: 226-783-2132		
Clinician initial/Surname and OHIP/CPSO No.: ATTENDING PHYSICIAN Telephone: XXX-XXX-XXXX Fax: XXX-XXX-XXXX					
cc Doctor / Qualified Health Care Provider Information Name: DR. M. ALOOSH Tel: 519-258-2146 Lab / Clinic Name: WECHU Fax: 226-783-2132 CPSO No.: 123456 Address: 1005 OUELLETTE AVE Postal Code: N9A 4J8					
3 - Test(s) Requested (Please see descriptions on reverse)					
Enter test description below: STOOL FOR BACTERIA AND VIRUS TESTING			Hepatitis Serology Reason for test (Check only one box): Immune Status Acute Infection Chronic Infection Indicate specific viruses (Check all that apply): Hepatitis A Hepatitis B Hepatitis C* <small>*Testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available.</small>		
4 - Specimen Type and Site					
Blood / Serum <input checked="" type="checkbox"/> Faeces Nasopharyngeal Sputum Urine Vaginal Smear Urethral Cervix BAL Other (Specify):			Patient Setting Physician Office / Clinic Inpatient (ICU) Inpatient (Ward) <input checked="" type="checkbox"/> Institution ER (Not Admitted)		
5 - Reason for Test					
<input checked="" type="checkbox"/> Diagnostic Post-mortem Date Collected (yyyy/mm/dd): Needle Stick Immune Status XXXX-XX-XX Prenatal Follow-up Onset Date (yyyy/mm/dd): Immunocompromised Chronic Condition XXXX-XX-XX Other (Specify):			Clinical Information Fever Gastroenteritis Vesicular Rash STI Headache / Stiff Neck Maculopapular Rash Pregnant Encephalitis / Meningitis Jaundice Respiratory Symptoms Other (Specify): Influenza High Risk (Specify): Recent Travel (Specify Location):		

For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions.

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 PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000 (05/04)

Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

Test (enter in Test Description Section 3)

Adenovirus (virus detection only)
 Antimicrobial Susceptibility Testing - Bacteria
 Antimicrobial Susceptibility Testing - Fungi, Nocardia
 Antimicrobial Susceptibility Testing - Mycobacteria
 Arbovirus Serology
 Arthropod identification (ticks, lice, mites from human sources)
 Bacterial Culture and Sensitivity
 Bacterial Vaginosis - Gram Stain
 Cat Scratch Fever (Bacillary angiomatosis, Bartonella)
 Chlamydia trachomatis - NAAT / Culture
 Chlamydia pneumoniae - PCR
 Clostridium difficile toxin
 Cytomegalovirus (CMV) Culture / Early Antigen
 Cytomegalovirus (CMV) IgG Immune status
 Cytomegalovirus (CMV) IgG / IgM Diagnosis
 Dengue Virus Serology
 Diphtheria antitoxin antibody¹
 Electron microscopy
 Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)
 Epstein Barr Virus (EBV) - EBV VCA IgG / EA / EBNA
 Epstein Barr Virus (EBV) - EBV VCA IgM
 Fungus - Superficial - Microscopy & Culture
 Fungus - Systemic - Microscopy & Culture
 Gonorrhoea (Neisseria gonorrhoeae, GC)
 Haemorrhagic Fever Serology (Yellow Fever, Ebola, Lassa)²
 Hantavirus Serology
 Helicobacter pylori serology (H. pylori)
 Hepatitis A Virus Immune Status
 Hepatitis A Virus Acute
 Hepatitis B Virus Immune Status
 Hepatitis B Virus Acute
 Hepatitis B Virus Chronic
 Hepatitis B - HBcIgM³
 Hepatitis B - HBsAb³
 Hepatitis B - HBcAg³
 Hepatitis B Virus DNA⁴
 Hepatitis C Virus Serology
 Hepatitis C Virus RNA - Genotyping⁴
 Hepatitis C Virus RNA - Quantitative⁴
 Hepatitis D Virus (Delta Agent)
 Hepatitis E Virus
 Herpes Simplex Virus (HSV) IgG Immune Status
 Herpes Simplex Virus (HSV) Virus Detection
 Human Herpes Virus 6 (Roseola, Exanthema Subitum) - PCR
 HTLV I / HTLV II - Serology
 HTLV I / HTLV II - PCR
 Influenza A, B (Flu) Virus Detection
 Legionnaires Disease
 Lyme Disease - Serology
 Measles IgG Immune Status
 Measles IgG / IgM Diagnosis
 Measles Virus Detection
 Molluscum contagiosum (Poxvirus) Virus Detection
 Mycoplasma pneumoniae - Culture
 Mycoplasma pneumoniae - PCR

Test (enter in Test Description Section 3)

Mumps IgG Immune Status
 Mumps IgG / IgM Diagnosis
 Mumps Virus Detection
 Neisseria gonorrhoeae - NAAT / Culture
 Norovirus Detection
 Parainfluenza 1, 2, 3 (virus detection only)
 Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status
 Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG / IgM Diagnosis
 Q Fever Serology
 Rabies Virus Antibody Screen
 Referred Culture - Fungus Nocardia
 Referred Culture - TB
 Respiratory Syncytial Virus (RSV) (virus detection only)
 Rickettsia (Typhus, RMSF) Serology
 Rotavirus (virus detection only)
 Rubella (German Measles) IgG Immune Status
 Rubella (German Measles) IgG / IgM Diagnosis
 Rubella (German Measles) Virus Detection
 Serology - Bacterial (specify agent)
 Serology - Mycotic (specify agent)
 Serology - Parasitic (specify agent)
 Stool parasites
 Syphilis - Direct Fluorescence
 Syphilis CSF (VDRL)
 Syphilis screen
 TB - Culture and Susceptibility (Mycobacteria culture)
 Tetanus antitoxin antibody
 TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen
 TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen
 Torovirus (virus detection only)
 Toxoplasmosis - Serology
 Urogenital mycoplasma/ureaplasma
 Varicella - Zoster (Chicken Pox) IgG Immune Status
 Varicella - Zoster (Chicken Pox) IgG / IgM Diagnosis
 Varicella - Zoster (Chicken Pox) Virus Detection
 Viral Diarrhea (virus detection only)
 Virus Isolation/Detection
 West Nile Virus - Serology
 Worm Identification

1. Testing is available only for the rare event of an adverse reaction to Diphtheria vaccine or the possibility of humoral immunodeficiency in the patient. This must be indicated on the test requisition in order for testing to be performed.
2. Contact Medical Officer of Health and Public Health Ontario Laboratory before ordering, 416.235.6556 or toll free: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually or you may use Hepatitis B Serology for immune status or for diagnosis of acute or chronic infection.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: <http://www.publichealthontario.ca/Requisitions>.

Public Health Ontario Laboratories

Customer Service Centre

7:30 am - 7:00 pm, Monday to Friday

8:00 am - 3:45 pm, Saturday

Tel: 416.235.6556

Toll Free: 1.877.604.4567

Fax: 416.235.6552

Emergency After-Hours Duty Officer

Tel: 416.605.3113

Website: www.publichealthontario.ca