

HIV and HTLVI/HTLVII Serology HIV PCR Test Requisition

For laboratory use only

Date received

PHOL No.

yyyy / mm / dd

ALL Sections of this Form MUST be Completed

Submitter		Patient Information	
<div>Courier Code</div> <div>Provide Return Address: Name Address City & Province Postal code</div>		Health card no.:	Medical record no. (if applicable):
Submitter lab no. (if applicable):		Date of Birth: yyyy / mm / dd	Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> TF* <input type="checkbox"/> TM* *TF=transfemale (M to F); TM=transmale (F to M)
Clinician Initial / Surname and OHIP / CPSO Number		Last name: (per health card)	First name: (per health card)
Tel: _____ Fax: _____		Address:	
cc Doctor/Qualified Health Care Provider Information		City:	Postal code:
Name: _____ Tel: _____		PHO study or program no. (if applicable):	
Lab/Clinic name: _____		Country of birth:	
CPSO #: _____		Race/Ethnicity:	
Address: _____		<input type="checkbox"/> White	
Postal code: _____		<input type="checkbox"/> Black	
Specimen Details		<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
Collection date of specimen: yyyy / mm / dd		<input type="checkbox"/> South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)	
Type of specimen: <input type="checkbox"/> Whole blood <input type="checkbox"/> Serum		<input type="checkbox"/> Southeast Asian (e.g. Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Korean, Filipino)	
<input type="checkbox"/> ACD/EDTA <input type="checkbox"/> Plasma		<input type="checkbox"/> Arab/West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan)	
<input type="checkbox"/> Dried blood spot (HIV PCR only)		<input type="checkbox"/> Latin American (e.g. Mexican, Central/South American)	
Tests requested: <input type="checkbox"/> HIV1/HIV2 <input type="checkbox"/> HTLVI/HTLVII		<input type="checkbox"/> Other - includes mixed ethnicity; specify:	
<input type="checkbox"/> HIV PCR (for infant diagnosis ≤18 mos)		Risk Factors (check all that apply)	
Comments:		<input checked="" type="checkbox"/> Sex with women	
Reason for Test (check all that apply)		<input checked="" type="checkbox"/> Sex with men	
<input type="checkbox"/> Routine <input type="checkbox"/> Prenatal		<input type="checkbox"/> Injection drug use	
<input type="checkbox"/> Known to be HIV positive (repeat test) <input type="checkbox"/> Pre-exposure prophylaxis		<input type="checkbox"/> Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)	
<input type="checkbox"/> Symptoms - acute seroconversion (e.g. flu-like illness, fever, rash) <input type="checkbox"/> Post-exposure prophylaxis		<input type="checkbox"/> Child of HIV+ mother	
<input type="checkbox"/> Symptoms - advanced disease/AIDS <input type="checkbox"/> Infant diagnosis ≤18 mos		Sex with a person who was known to be (check all that apply)	
<input type="checkbox"/> Sexual assault <input type="checkbox"/> Other, specify: _____		<input checked="" type="checkbox"/> HIV-positive	
<input type="checkbox"/> Visa/immigration requirement		<input type="checkbox"/> Using injection drugs	
Previous Test Information		<input type="checkbox"/> Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)	
Last test result:		<input type="checkbox"/> A bisexual male	
<input type="checkbox"/> Negative <input type="checkbox"/> Unknown		<input type="checkbox"/> Other (e.g. clotting factor, blood transfusion, needle stick/occupational, tattoo, piercing), please specify:	
<input type="checkbox"/> Positive (in Ontario) <input type="checkbox"/> Indeterminate			
<input type="checkbox"/> Positive (outside Ontario) <input type="checkbox"/> Previous PHOL sample no.: (if available) _____			

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 (01/18)