Public Health Ontario | Santé publique Ontario

PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

Date received yyyy / mm / dd

PHOL No.

General Test Requisition

ALL Sections of this Form MUST be Completed

1 - Submitter

Courier Code

Provide Return Address:

Name
Address
City & Province
Postal Code

Clinician Initial / Surname and OHIP / CPSO Number

Tel: Fax:

2 - Patient Information

Health No. | Sex | Date of Birth: yyyy / mm / dd

Medical Record No.

Patient's Last Name *(per OHIP card)* | First Name *(per OHIP card)*

Patient Address

Postal Code | **Patient Phone No.**

Submitter Lab No.

Public Health Unit Outbreak No. 2260-

cc Doctor Information

Name: Dr. Lee, Colin Tel: (705) 721-7520
Lab/Clinic Name: SMDHU Fax: (705) 733-7738
CPSO #: 73123
Address: 15 Sperling Drive Postal Code: L4M 6K9
Barrie, ON

Public Health Investigator Information

Name:
Health Unit: Simcoe Muskoka District Health Unit
Tel: (705) 721-7520 Fax: (705) 733-7738

3 - Test(s) Requested *(Please see descriptions on reverse)*

Test: Enter test descriptions below

OUTBREAK STOOL

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 *(testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)*

4 - Specimen Type and Site

- ☐ blood / serum
- ☑ faeces
- ☐ nasopharyngeal
- ☐ sputum
- ☐ urine
- ☐ vaginal smear
- ☐ urethral
- ☐ cervix
- ☐ BAL
- ☐ other - *(specify)*

Patient Setting

- ☐ physician office/clinic
- ☐ ER (not admitted)
- ☐ inpatient (ward)
- ☐ inpatient (ICU)
- ☑ institution

5 - Reason for Test

- ☑ diagnostic
- ☐ immune status
- ☐ needle stick
- ☐ follow-up
- ☐ prenatal
- ☐ chronic condition
- ☐ immunocompromised
- ☐ post-mortem
- ☑ other - *(specify)* Outbreak specimen

Date Collected: yyyy / mm / dd

Onset Date: yyyy / mm / dd

Clinical Information

- ☐ fever
- ☐ gastroenteritis
- ☐ respiratory symptoms
- ☐ STI
- ☐ headache / stiff neck
- ☐ vesicular rash
- ☐ pregnant
- ☐ encephalitis / meningitis
- ☐ maculopapular rash
- ☐ jaundice
- ☐ 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 (08/2013)

Ontario Agency for Health Protection and Promotion / Agence de protection et de promotion de la santé

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Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

For historical duplex code information please access website at www.publichealthontario.ca/requisitions

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
Bordetella - PCR
Cat Scratch Fever (Bacilliary angiomatosis, Bartonella)
Chlamydia trachomatis - NAAT/Culture
Chlamydophila 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 antibody[1]
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
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 - HBcIgM[3]
Hepatitis B - HBeAb[3]
Hepatitis B - HBeAg[3]
Hepatitis B Virus DNA[4]
Hepatitis C Virus Serology
Hepatitis C Virus RNA - Genotyping[4]
Hepatitis C Virus RNA - Quantitative[4]
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
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
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: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: www.publichealthontario.ca/requistions

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
email: customerservicecentre@oahpp.ca

Emergency After-Hours Duty Officer

tel: 416.605.3113
website: www.publichealthontario.ca

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