

For laboratory use only

Date received

PHOL No.

HIV and HTLVI/HTLVII Serology HIV PCR Test Requisition

ALL Sections of this Form MUST be Completed

Submitter <p style="text-align: center;">Courier Code</p> <p>Ottawa Fertility Centre 200 - 955 Green Valley Crescent Ottawa, Ontario, K2C 3V4 Tel: 613-686-3378 Fax: 613-225-9736</p>	Patient Information	
Submitter lab no. (if applicable):	Health card no.: 5184743499 W.	Medical record no. (if applicable):
Clinician Initial / Surname and OHIP / CPSO Number Magee, Bryden 034620 92938	Date of Birth: 1989/09/18	Sex: <input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> TF* <input type="checkbox"/> TM* <small>*TF=transfemale (M to F); TM=transmale (F to M)</small>
Tel: _____ Fax: _____	Last name: ROSS	First name: CAITLIN ALICE
cc Doctor/Qualified Health Care Provider Information Name: _____ Tel: _____ Lab/Clinic name: _____ _____ Fax: _____ CPSO #: _____ Address: _____ Postal code: _____	Address: <p style="text-align: center;">3440 COUNTY RD 10 VANKLEEK HILL, ON, I</p>	
Specimen Details Collection date of specimen: _____ Type of specimen: <input type="checkbox"/> Whole blood <input checked="" type="checkbox"/> Serum <input type="checkbox"/> ACD/EDTA <input type="checkbox"/> Plasma <input type="checkbox"/> Dried blood spot (HIV PCR only) Tests requested: <input checked="" type="checkbox"/> HIV1/HIV2 <input type="checkbox"/> HTLVI/HTLVII <input type="checkbox"/> HIV PCR (for infant diagnosis ≤18 mos) Comments: _____	City: VANKLEEK HILL	Postal code: K0B 1R0
Reason for Test (check all that apply) <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Prenatal <input type="checkbox"/> Known to be HIV positive (repeat test) <input type="checkbox"/> Pre-exposure prophylaxis <input type="checkbox"/> Symptoms - acute seroconversion (e.g. flu-like illness, fever, rash) <input type="checkbox"/> Post-exposure prophylaxis <input type="checkbox"/> Symptoms - advanced disease/AIDS <input type="checkbox"/> Infant diagnosis ≤18 mos <input type="checkbox"/> Sexual assault <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Visa/immigration requirement	PHO study or program no. (if applicable): _____	
Previous Test Information Last test result: <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (in Ontario) <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive (outside Ontario) <input type="checkbox"/> Previous PHOL sample no.: _____	Country of birth: _____	
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)	Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali) <input type="checkbox"/> Southeast Asian (e.g. Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Korean, Filipino) <input type="checkbox"/> Arab/West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan) <input type="checkbox"/> Latin American (e.g. Mexican, Central/South American) <input type="checkbox"/> Other - includes mixed ethnicity; specify: _____	
	Risk Factors (check all that apply) <input type="checkbox"/> Sex with women <input type="checkbox"/> Sex with men <input type="checkbox"/> Injection drug use <input type="checkbox"/> Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean) <input type="checkbox"/> Child of HIV+ mother Sex with a person who was known to be (check all that apply) <input type="checkbox"/> HIV-positive <input type="checkbox"/> Using injection drugs <input type="checkbox"/> Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean) <input type="checkbox"/> A bisexual male <input type="checkbox"/> Other (e.g. clotting factor, blood transfusion, needle stick/occupational, tattoo, piercing), please specify: _____	