Public Health Ontario | Santé publique Ontario

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

Courier Code

Ottawa Fertility Centre
200 - 955 Green Valley Crescent
Ottawa,Ontario,K2C 3V4
Tel:613-686-3378
Fax:613-225-9736

Submitter lab no. (if applicable):

Clinician Initial / Surname and OHIP / CPSO Number
Magee, Bryden 034620 92938

Tel: _____ Fax: _____

cc Doctor/Qualified Health Care Provider Information

Name: _____ Tel: _____
Lab/Clinic name: _____
_____ Fax: _____
CPSO #: _____
Address: _____
Postal code:

Specimen Details

Collection date of specimen: _

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

Tests requested: ☑ HIV1/HIV2 ☐ HTLVI/HTLVII ☐ HIV PCR (for infant diagnosis ≤18 mos)

Comments:

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 mos
- ☐ Other, specify: _____

Previous Test Information

Last test result:

- ☐ Negative
- ☐ Positive (in Ontario)
- ☐ Positive (outside Ontario)
- ☐ Unknown
- ☐ Indeterminate
- ☐ Previous PHOL sample no.: _____

Patient Information

Health card no.: 7090954681 HE	Medical record no. (if applicable):
Date of Birth: 1982/02/03	Sex: ☐ F ☑ M ☐ TF* ☐ TM* *TF=transfemale (M to F); TM=transmale (F to M)
Last name: RIDEN	First name: THAILA
Address: 3440 COUNTY RD 10Vankleek Hill, ON, K0B	
City: Vankleek Hill	Postal code: K0B1R0
PHO study or program no. (if applicable):	
Country of birth:	

Race/Ethnicity:

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

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-Saharan Africa and the Caribbean)
- ☐ Child of HIV+ mother

Sex with a person who was known to be (check all that apply)

- ☐ HIV-positive
- ☐ Using injection drugs
- ☐ Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)
- ☐ A bisexual male

☐ Other (e.g. clotting factor, blood transfusion, needle stick/occupational, tattoo, piercing), please specify:

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)

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