Public Health Ontario | Santé publique Ontario

Date received	PHOL No.

General Test Requisition

ALL Sections of this Form MUST be Completed

1 - Submitter

Courier Code

Magee, Bryden

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

Clinician Initial / Surname and OHIP / CPSO Number

Tel: 613-686-3378 Fax: 613-225-9736

2 - Patient Information

Health No.	Sex	Date of Birth:
7090954681 HE	M	1982/02/03
Medical Record No.		

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

Patient Address
3440 COUNTY RD 10
Vankleek Hill, ON, K0B1R0

Postal Code	Patient Phone No.
K0B1R0	613-306-3453

Submitter Lab No.

Public Health Unit Outbreak No.

cc Doctor Information

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

Public Health Investigator Information

Name: _____
Health Unit: _____
Tel: _____ Fax: _____

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

Test: Enter test descriptions below

VDRL

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

Patient Setting

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

5 - Reason for Test

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

Date Collected:

Onset Date:

Clinical Information

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

- ☐ 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