

Section 1 - Patient Information and Physician Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	DATE COLLECTED (DD/MMM/YYYY)	TIME COLLECTED (HH:MM)	ORDERING PHYSICIAN/HEALTHCARE PROVIDER (Provide MSC#) Name and address of report delivery
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> I do not require a copy of the report
DOB (DD/MMM/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK		
ADDRESS		ADDITIONAL COPIES TO: (Address / MSC#)	
CITY / TOWN	POSTAL CODE		1.
SAMPLE REFERENCE NO.			2.
			3.

Section 2 - Clinical Information

Clinical Information <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Headache / Stiff neck <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Rash symptoms <input type="checkbox"/> STI contact <input type="checkbox"/> STI symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Other, specify: _____		Reason for Test <input type="checkbox"/> Therapeutic monitoring <input type="checkbox"/> NEEDLESTICK <input type="checkbox"/> Immigration <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent <input type="checkbox"/> Prenatal <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Follow-up <input type="checkbox"/> Other, specify: _____	
Recent Travel (Date/Location)	Onset Date DD/MMM/YYYY	History	

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING (PRENAT) HIV <input type="checkbox"/> HIVCC HIV Non-Nominal Reporting <input type="checkbox"/> HIVCC HBsAg <input type="checkbox"/> HBVP Rubella IgG <input type="checkbox"/> RUBEB Syphilis Antibody <input type="checkbox"/> TPE Other Tests, specify: _____ _____	HEPATITIS Acute - undefined etiology HBsAg, Anti-HBc Total, <input type="checkbox"/> HEP5B Anti-HBs, Anti-HCV, Anti-HAV IgM Chronic - undefined etiology HBsAg, Anti-HBc Total <input type="checkbox"/> DHEPCH Anti-HBs, Anti-HCV Hepatitis B Screen HBsAg, Anti-HBs, <input type="checkbox"/> HBSAG Anti-HBc Total Specific Hepatitis Markers Anti-hepatitis A Total <input type="checkbox"/> HAAT (Immune Status) Anti-hepatitis A IgM <input type="checkbox"/> HAVMB (Acute Infection) HBsAg Only <input type="checkbox"/> HBVSA Anti-HBs <input type="checkbox"/> HBSAB (Immune Status) HBeAg <input type="checkbox"/> HBXEA (Therapeutic Monitoring) Anti-HBe <input type="checkbox"/> HBXEB (Therapeutic Monitoring) Anti-HCV <input type="checkbox"/> HEPCB	OTHER SEROLOGY <table border="0"> <tr> <th style="text-align: left;">Immunity</th> <th style="text-align: left;">Acute</th> </tr> <tr> <td>Measles IgG (Rubeola) <input type="checkbox"/> MIGB</td> <td>Measles IgM (Rubeola) <input type="checkbox"/> MEASP</td> </tr> <tr> <td>Mumps IgG <input type="checkbox"/> MUIGB</td> <td>Mumps IgM <input type="checkbox"/> MUMPS</td> </tr> <tr> <td>Parvo B19 IgG <input type="checkbox"/> PARVGB</td> <td>Parvo B19 IgM <input type="checkbox"/> PARVP</td> </tr> <tr> <td>Rubella IgG <input type="checkbox"/> RUBEB</td> <td>Rubella IgM <input type="checkbox"/> RUBP</td> </tr> <tr> <td>EBV IgG <input type="checkbox"/> EBGSB</td> <td>EBV IgM <input type="checkbox"/> EBVSP</td> </tr> <tr> <td>CMV IgG <input type="checkbox"/> CMVIGB</td> <td>CMV IgM <input type="checkbox"/> CMVSP</td> </tr> <tr> <td>Varicella IgG <input type="checkbox"/> VZIGB</td> <td>HTLV I / II <input type="checkbox"/> HTLVB</td> </tr> <tr> <td>HSV IgG <input type="checkbox"/> HSVIGB</td> <td><i>H. pylori</i> IgG <input type="checkbox"/> HELIB</td> </tr> </table>	Immunity	Acute	Measles IgG (Rubeola) <input type="checkbox"/> MIGB	Measles IgM (Rubeola) <input type="checkbox"/> MEASP	Mumps IgG <input type="checkbox"/> MUIGB	Mumps IgM <input type="checkbox"/> MUMPS	Parvo B19 IgG <input type="checkbox"/> PARVGB	Parvo B19 IgM <input type="checkbox"/> PARVP	Rubella IgG <input type="checkbox"/> RUBEB	Rubella IgM <input type="checkbox"/> RUBP	EBV IgG <input type="checkbox"/> EBGSB	EBV IgM <input type="checkbox"/> EBVSP	CMV IgG <input type="checkbox"/> CMVIGB	CMV IgM <input type="checkbox"/> CMVSP	Varicella IgG <input type="checkbox"/> VZIGB	HTLV I / II <input type="checkbox"/> HTLVB	HSV IgG <input type="checkbox"/> HSVIGB	<i>H. pylori</i> IgG <input type="checkbox"/> HELIB
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HSV IgG <input type="checkbox"/> HSVIGB	<i>H. pylori</i> IgG <input type="checkbox"/> HELIB																			
SYPHILIS (Non Prenatal) Syphilis Antibody <input type="checkbox"/> TPE		OTHER TESTS (Specify) 																		
HIV (Non Prenatal) Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting HIV <input type="checkbox"/> HIVCC Non-Nominal Reporting Requested <input type="checkbox"/> HIVCC		COMMENTS 																		
For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx																				

1 - Patient Information

2 - Clinical Information

Please fill in as completely as possible.

3 - Ordering Physician

4 - Additional Copies To:

The Ordering Physician will receive one copy of the report. Each physician or client listed under Additional Copies To: will receive a copy of the report.

For physicians who work at more than one location, please provide an address for delivery.

5 - Prenatal Testing

Note for HIV: Patient has the legal right to choose not to have their name reported to public health

Please provide 2 serum separator tubes.

6 - Syphilis Testing

7- HIV Testing

Note: Patient has the legal right to choose not to have their name reported to public health (Non-Nominal Reporting)

8 - Hepatitis Testing

9 - Other Serology

10 - Other Tests

Indicate all additional tests requested. Please consult the PHSA Laboratories [eLab Handbook](#) for specimen requirements.

Public Health Laboratory
655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Serology Screening Requisition

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PERSONAL HEALTH NUMBER (or an alternate health number and province)	DATE COLLECTED (DD/M/YYYY)	TIME COLLECTED (HH:MM)	ORDERING PHYSICIAN/HEALTHCARE PROVIDER (Print name and address of reporting lab)
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME		1. 3
DOB (DD/M/YYYY)	1. NOBR	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK	
ADDRESS	CITY/TOWN		2. 4
POSTAL CODE	SAMPLE REFERENCE NO.		1. 4
			2.

Section 2 - Clinical Information

Clinical Information	Reason for Test
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Headache / S/E/neck <input type="checkbox"/> Itch symptoms <input type="checkbox"/> Fever <input type="checkbox"/> GI/abdominal symptoms <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> STI contact <input type="checkbox"/> STI symptoms <input type="checkbox"/> Other: specify _____	<input type="checkbox"/> Therapeutic monitoring <input type="checkbox"/> Immigration <input type="checkbox"/> Prenatal <input type="checkbox"/> Follow-up <input type="checkbox"/> BEEBLESTICK <input type="checkbox"/> Acute <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Convalescent <input type="checkbox"/> Other: specify _____
Recent Travel (Country/Location)	Onset Date: DD/M/YYYY
History	

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING (PHSA)	HEPATITIS	OTHER SEROLOGY
HIV <input type="checkbox"/> HWCC HIV Non-Nominal Reporting <input type="checkbox"/> HWCC HIV IgG <input type="checkbox"/> HWCC Rubella IgG <input type="checkbox"/> HWCC Syphilis Antib <input type="checkbox"/> TPE Other Tests, specify: _____	Acute - undifferentiated aetiology HBsAg, Anti-HBc Total, Anti-HBe, Anti-HCV, Anti-HBc IgM <input type="checkbox"/> HEP2A Chronic - undifferentiated aetiology HBsAg, Anti-HBc Total, Anti-HBe, Anti-HCV <input type="checkbox"/> DHEPCH Hepatitis B Serology: HBsAg, Anti-HBc Total, Anti-HBe, Anti-HCV <input type="checkbox"/> HBSAG Specific Hepatitis Markers Anti-hepatitis A Total (Immune Status) <input type="checkbox"/> HAAT Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAAMB HBsAg Only <input type="checkbox"/> HBVGA Anti-HBc (Immune Status) <input type="checkbox"/> HBGAB HBcAg (Therapeutic Monitoring) <input type="checkbox"/> HBVCA Anti-HBc (Therapeutic Monitoring) <input type="checkbox"/> HBCEB Anti-HCV <input type="checkbox"/> HEPCE	Immunity Measles IgG (Rubeola) <input type="checkbox"/> MEASR Mumps IgG <input type="checkbox"/> MUMPR Parvo B19 IgG <input type="checkbox"/> PARV1 Rubella IgG <input type="checkbox"/> RUBR1 CMV IgG <input type="checkbox"/> CMV1G Varicella IgG <input type="checkbox"/> VZV1G HIV IgG <input type="checkbox"/> HIV1G Measles IgM (Rubeola) <input type="checkbox"/> MEASIP Mumps IgM <input type="checkbox"/> MUMPIP Parvo B19 IgM <input type="checkbox"/> PARV1M Rubella IgM <input type="checkbox"/> RUB1M CMV IgM <input type="checkbox"/> CMV1M CMV IgA <input type="checkbox"/> CMV1GA HIV IgA <input type="checkbox"/> HIV1GA HIV IgM <input type="checkbox"/> HIV1M HIV IgA <input type="checkbox"/> HIV1GA HIV IgM <input type="checkbox"/> HIV1M
Syphilis Antib (Non Prenatal) <input type="checkbox"/> TPE Syphilis Antib <input type="checkbox"/> TPE HIV (Non Prenatal) Note: Patient has the legal right to choose not to have their name reported to public health - non-consent reporting HIV <input type="checkbox"/> HWCC Non-Nominal Reporting (Non-Consent) <input type="checkbox"/> HWCC		OTHER TESTS (Specify) COMMENTS For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.ehlab handbook.info/PHSA/Default.aspx

For information on sample collection, please call the PHSA Client Services at 1-877-PHSALAB (1-877-747-2522)

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