

HIV SEROLOGY LAB REQUISITION

HIV Serology HIV PCR Test Requisition

For laboratory use only	
Date received (yyyy/mm/dd):	PHOL No.:

ALL Sections of this form must be completed at every visit

1- Submitter <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Name Address City & Province Postal Code </div> Submitter lab no. number (if applicable): Clinician initial / Surname and OHIP / CPSO No.: Telephone: Fax:		2 - Patient Information Health Card No.: Medical Record No.: Date of Birth (yyyy/mm/dd): Sex: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> TM* <input type="radio"/> TF* <small>*TF = transfemale (M to F); TM = transmale (F to M)</small> Last Name: First Name: Address: City: Postal Code: PHO study or program no. (if applicable):	
cc Doctor / Qualified Health Care Provider Information Name: Telephone: Lab / Clinic Name: Fax:		3 - Country of Birth:	
CPSO No.: Address: Postal Code:		4 - Race Ethnicity (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Southeast / East Asian <small>(e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent; Chinese, Korean, Japanese, Taiwanese descent)</small> <input type="checkbox"/> Black <input type="checkbox"/> Arab / West Asian <small>(e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan)</small> <input type="checkbox"/> First Nations <input type="checkbox"/> Latin American <small>(e.g. Mexican, Central / South American)</small> <input type="checkbox"/> Métis <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Inuit <input type="checkbox"/> South Asian <small>(e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)</small>	
6 - Specimen Details Collection date of specimen (yyyy/mm/dd): Type of specimen: <input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot (HIV PCR only) <input type="checkbox"/> Serum <input type="checkbox"/> ACD / EDTA <input type="checkbox"/> Plasma Tests requested: <input type="checkbox"/> HIV1 / HIV2 <input type="checkbox"/> HIV PCR (for infant diagnosis ≤18 months) Comments:		5 - Risk Factors (check all that apply) <input checked="" type="checkbox"/> Sex with women Sex with a person who was known to be: <input type="checkbox"/> Sex with men <input type="checkbox"/> HIV-positive <input type="checkbox"/> Injection drug use <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"/> Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean) <input type="checkbox"/> Child of HIV+ mother <input type="checkbox"/> A bisexual male <input type="checkbox"/> Other, please specify:	
7 - Reason for Test (check all that apply) <input 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 months <input type="checkbox"/> Sexual assault <input type="checkbox"/> Self-test; result: <input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> Invalid <input type="checkbox"/> Visa / immigration requirement <input type="checkbox"/> Other, please specify:		8 - Previous Test Information Last test result: <input type="checkbox"/> Unknown <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive (in Ontario) Previous PHOL sample no. (if available): <input type="checkbox"/> Positive (outside Ontario)	

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 (21/03/23).

