

General Test Requisition

ALL sections of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information			
Licence No.:	Lab / Hospital or Facility Name:		
HCP Full Name:			
Address:			
City:	Postal Code:	Province:	
Tel:	Fax:		
Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)			
Licence No.:	Other Lab / Health Unit / Facility Name:		
HCP Full Name:			
Address:			
City:	Postal Code:	Province:	
Tel:	Fax:		

Patient Setting		
Clinic / Community	ER (Not Admitted / Not Yet Determined)	ER (Admitted)
Inpatient (Non-ICU)	ICU / CCU	Congregate Living Setting

Testing Indication(s) / Criteria			
Diagnosis	Screening	Immune Status	Follow-up / Convalescent
Pregnancy / Perinatal	Impaired Immunity	Post-mortem	
Other (Specify):			

Signs / Symptoms			
No Signs / Symptoms	★ Onset Date (yyyy-mm-dd):		
	Fever	Rash	STI
Gastrointestinal	Respiratory	Hepatitis	Meningitis / Encephalitis
Other (Specify):			

Relevant Exposure(s)			
None / Not Applicable	Most Recent Date (yyyy-mm-dd):		
	Occupational Exposure / Needlestick Injury (Specify):	Source	Exposed
Other (Specify):			

Relevant Travel(s)	
None / Not Applicable	Most Recent Date (yyyy-mm-dd):
Travel Details:	

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(iii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004.2 (August 2024).

Patient Information		
Health Card No.:		
Date of Birth (yyyy-mm-dd):	Sex:	Male
Medical Record No.:	Female	
Last Name (per health card):		
First Name (per health card):		
Address:	Postal Code:	
City:	Tel:	
Investigation / Outbreak No. from PHO or Health Unit (if applicable):		

Specimen Information		
★ Date Collected (yyyy-mm-dd):	Submitter Lab No.:	
Whole Blood	Serum	Plasma
Bone Marrow	Cerebrospinal Fluid (CSF)	Nasopharyngeal Swab (NPS)
Oropharyngeal / Throat Swab	Sputum	Bronchoalveolar Lavage (BAL)
Endocervical Swab	Vaginal Swab	Urethral Swab
Urine	Rectal Swab	Faeces

Other (Specify type AND body location):

Test(s) Requested	
Enter each assay as per the publichealthontario.ca/testdirectory :	
1.	
2.	
3.	
4.	
5.	
6.	

For routine hepatitis A, B or C serology, complete this section instead:		
Hepatitis A	Immune Status (HAV IgG)	Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B	Immune Status (anti-HBs)	Chronic Infection (HBsAg + total anti-HBc)
	Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)	Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C	Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.	