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|--|--|--|-----------------------|--|--------------------------------|
| Laboratory Policy requires that the patient's full name, date of birth, ordering physician's name and tests be on the requisition  |  |  |                       |  |                                |
| Patient Name:  |  |  | Date of Birth:        |  | Sex:                           |
| Surname _____ First _____ Initial(s) _____   |  |  | Day _____             | Month _____  | Year _____                     |
| Patient Address:   |  |  | Phone No:             | Chart No:  | Encounter No:                  |
| Apt number/Street number _____ City, Province _____ Postal Code _____  |  |  | Collection Date/Time: |  |                                |
| Billing Information: <input type="radio"/> MSP <input type="radio"/> Patient <input type="radio"/> ICBC <input type="radio"/> WCB <input type="radio"/> OH&S <input type="radio"/> Other _____   |  |  | Travel History:       |  |                                |
| PHN: _____ Other Billing Number: _____ Expiry Date: _____  |  |  | Vaccination History:  |  |                                |
| Physician Name, MSP number, Address:   |  | Copy to (Name, MSP number, Address):   |                       |  |                                |
| Locum for:   |  | <input type="radio"/> Phone report to: _____ (Phone)   |                       |  | <input type="radio"/> Pregnant |
| Physician: _____   |  | <input type="radio"/> Fax report to: _____ (Phone)   |                       |  |                                |
| MSP number: _____  |  | <b>Diagnosis/ indications for special testing and guideline protocols:</b>   |                       |  |                                |
| <b>ORDER SETS</b>  |  | <b>SPECIFIC HEPATITIS TESTS</b>  |                       | <b>SEROLOGY</b>  |                                |
| Blood/Body Exposure:<br><input type="radio"/> Source <input type="radio"/> Exposed Person<br>- Hepatitis B Surface Antigen<br>- Hepatitis B Surface Antibody<br>- Hepatitis B Core Total Antibody<br>- Hepatitis C Antibody<br>- HIV Antibody or Ag/Ab Combo<br><br><input type="radio"/> <b>Prenatal Screen:</b><br>- Hepatitis B Surface Antigen<br>- HIV Antibody or Ag/Ab Combo<br>- Rubella – IgG<br>- Syphilis Screen  |  | <input type="radio"/> Hepatitis A – IgM (Acute Infection)<br><input type="radio"/> Hepatitis A – IgG (Immune Status)<br><br><input type="radio"/> Hepatitis B Surface Antigen<br><input type="radio"/> Hepatitis B Surface Antibody (Immune Status)<br><input type="radio"/> Hepatitis B Surface Antigen Quantitative (Hepatologist or Infectious Disease Specialist ONLY)<br><input type="radio"/> Hepatitis B Core Total Antibody<br><input type="radio"/> Hepatitis B Core IgM<br><input type="radio"/> Hepatitis Be Antigen (Therapeutic monitoring)<br><input type="radio"/> Hepatitis Be Antibody (Therapeutic monitoring)<br><input type="radio"/> HBV DNA Plasma Viral Load (Therapeutic monitoring) |                       | <input type="radio"/> Cytomegalovirus (CMV) – IgG (Immunity)<br><input type="radio"/> HIV Antibody or Ag/Ab Combo (Diagnosis)  |                                |
| <b>HEPATITIS</b>   |  | <b>TRANSPLANT PATIENT MONITORING</b>   |                       | <b>HERPES VIRUSES</b>  |                                |
| <input type="radio"/> Hepatitis A Immunity:<br>- Hepatitis A IgG Antibody<br><br><input type="radio"/> Hepatitis B Immunity:<br>- Hepatitis B Surface Antibody<br><br><input type="radio"/> Acute – Undefined etiology:<br>- Hepatitis A – IgM<br>- Hepatitis B Surface Antigen<br>- Hepatitis B Surface Antibody<br>- Hepatitis B Core Total Antibody<br>- Hepatitis C Antibody<br><br><input type="radio"/> Chronic – Undefined etiology:<br>- Hepatitis B Surface Antigen<br>- Hepatitis B Surface Antibody<br>- Hepatitis B Core Total Antibody<br>- Hepatitis C Antibody<br><br><input type="radio"/> Hepatitis B Screen:<br>- Hepatitis B Surface Antigen<br>- Hepatitis B Surface Antibody<br>- Hepatitis B Core Total Antibody<br><br><input type="radio"/> Monitoring of Hepatitis B Infection:<br>- Hepatitis Be Antigen<br>- Hepatitis Be Antibody<br>- HBV DNA Plasma Viral Load |  | <input type="radio"/> Hepatitis C Antibody (Diagnosis)<br><input type="radio"/> Hepatitis C Genotyping<br><input type="radio"/> Hepatitis C Quantitative RNA (Treatment only)<br>Baseline: _____ Week, specify: _____  |                       | <input type="radio"/> Genital Lesion for HSV<br><input type="radio"/> Skin swab for: (circle) HSV VZV<br><input type="radio"/> Other site for: (circle) HSV VZV<br>Specify Site: _____   |                                |
|  |  | <b>GASTROINTESTINAL VIRUSES</b>  |                       | <b>GENERAL VIROLOGY</b>  |                                |
|  |  | <input type="radio"/> Norovirus PCR (OUTBREAK ONLY)<br><input type="radio"/> Infectious Diarrhea PCR Panel   |                       | <input type="radio"/> Cerebrospinal (CSF) for: (circle)<br>HSV VZV Enterovirus<br>Other (indication): _____<br><br><input type="radio"/> SARS-CoV-2 (COVID-19) PCR<br><input type="radio"/> Influenza A/B and RSV PCR<br><input type="radio"/> Extended Viral Respiratory PCR<br><input type="radio"/> Adenovirus PCR (Conjunctival swab)<br><input type="radio"/> Cytomegalovirus (CMV) PCR<br><input type="radio"/> HIV Plasma Viral Load (Therapeutic monitoring)<br><input type="radio"/> Mpox PCR<br><input type="radio"/> <b>Other tests:</b> Specify: _____ |                                |
|  |  | <b>OTHER SEROLOGY</b>  |                       |  |                                |
| <b>IMMUNITY</b>  |  | <b>ACUTE</b>   |                       |  |                                |
| <input type="radio"/> Measles IgG<br><input type="radio"/> Mumps IgG<br><input type="radio"/> Parvovirus B19 IgG   |  | <input type="radio"/> Rubella IgG<br><input type="radio"/> EBV IgG<br><input type="radio"/> CMV IgG  |                       | <input type="radio"/> Measles IgM (Rubeola)<br><input type="radio"/> Mumps IgM<br><input type="radio"/> Parvovirus B19 IgM   |                                |
| <input type="radio"/> Varicella IgG  |  | <input type="radio"/> HSV IgG  |                       | <input type="radio"/> HTLV I / II  |                                |
| Physician Signature: _____   |  |  |                       | Date: _____  |                                |