

### Section 1 - Patient Information and Physician Information

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)	<b>DATE COLLECTED</b> (DD/MMM/YYYY)	<b>TIME COLLECTED</b> (HH:MM)	<b>ORDERING PHYSICIAN</b> (Provide MSC#) Name and address of report delivery
<b>PATIENT SURNAME</b>	<b>PATIENT FIRST AND MIDDLE NAME</b>		
<b>DOB</b> (DD/MMM/YYYY)	<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK		
<b>ADDRESS</b>			<b>ADDITIONAL COPIES TO:</b> (Address / MSC#) 1. 2. 3.
<b>CITY / TOWN</b>	<b>POSTAL CODE</b>		
<b>SAMPLE REFERENCE NO.</b>			

### Section 2 - Clinical Information

<b>Clinical Information</b> <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"/> STD contact <input type="checkbox"/> STD symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Other, specify: _____		<b>Reason for Test</b> <input type="checkbox"/> Therapeutic monitoring <input type="checkbox"/> <b>NEEDLESTICK</b> <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: _____	
<b>Recent Travel</b> (Date/Location)	<b>Onset Date</b> DD/MMM/YYYY	<b>History</b>	

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

<b>PRENATAL SCREENING</b> HIV Nominal Reporting <input type="checkbox"/> HIV HIV Non-Nominal Reporting <input type="checkbox"/> HIV HBsAg <input type="checkbox"/> HBVP Rubella IgG <input type="checkbox"/> RUBIG Syphilis Screen <input type="checkbox"/> TPS Other Tests, specify: _____ EDC : _____ Hospital of Delivery : _____	<b>HEPATITIS</b> <b>Acute - undefined etiology</b> HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM <input type="checkbox"/> HEPS <b>Chronic - undefined etiology</b> HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV <input type="checkbox"/> HEPCH HBVSAG <b>Hepatitis B Screen</b> HBsAg, Anti-HBs, Anti-HBc Total <input type="checkbox"/> HBVSAG <b>Specific Hepatitis Markers</b> Anti-hepatitis A Total (Immune Status) <input type="checkbox"/> HAVT Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAVIM Anti-HBs (Immune Status) <input type="checkbox"/> HBVSAB Anti-HBc Total (Natural Infection) <input type="checkbox"/> HBCT Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HEBEAG Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HEBEAB Anti-HCV <input type="checkbox"/> HEPC	<b>OTHER SEROLOGY</b> <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"/> MIG</td> <td>Measles IgM (Rubeola) <input type="checkbox"/> MIM</td> </tr> <tr> <td>Mumps IgG <input type="checkbox"/> MUIG</td> <td>Mumps IgM <input type="checkbox"/> MUIM</td> </tr> <tr> <td>Parvo B19 IgG <input type="checkbox"/> PARVG</td> <td>Parvo B19 IgM <input type="checkbox"/> PARVM</td> </tr> <tr> <td>Rubella IgG <input type="checkbox"/> RUBIG</td> <td>Rubella IgM <input type="checkbox"/> RUBIM</td> </tr> <tr> <td>EBV IgG <input type="checkbox"/> EBGs</td> <td>EBV IgM <input type="checkbox"/> EBMS</td> </tr> <tr> <td>CMV IgG <input type="checkbox"/> CMVIG</td> <td>CMV IgM <input type="checkbox"/> CMVIM</td> </tr> <tr> <td>Varicella IgG <input type="checkbox"/> VZIG</td> <td>HTLV I / II <input type="checkbox"/> AHTLV</td> </tr> <tr> <td>HSV IgG <input type="checkbox"/> HSVIG</td> <td><i>H. pylori</i> IgG <input type="checkbox"/> HPGS</td> </tr> <tr> <td><i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM</td> <td></td> </tr> </table>	Immunity	Acute	Measles IgG (Rubeola) <input type="checkbox"/> MIG	Measles IgM (Rubeola) <input type="checkbox"/> MIM	Mumps IgG <input type="checkbox"/> MUIG	Mumps IgM <input type="checkbox"/> MUIM	Parvo B19 IgG <input type="checkbox"/> PARVG	Parvo B19 IgM <input type="checkbox"/> PARVM	Rubella IgG <input type="checkbox"/> RUBIG	Rubella IgM <input type="checkbox"/> RUBIM	EBV IgG <input type="checkbox"/> EBGs	EBV IgM <input type="checkbox"/> EBMS	CMV IgG <input type="checkbox"/> CMVIG	CMV IgM <input type="checkbox"/> CMVIM	Varicella IgG <input type="checkbox"/> VZIG	HTLV I / II <input type="checkbox"/> AHTLV	HSV IgG <input type="checkbox"/> HSVIG	<i>H. pylori</i> IgG <input type="checkbox"/> HPGS	<i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM	
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		<b>OTHER TESTS (Specify)</b>																				
		<b>COMMENTS</b>																				
For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's <i>Guide to Programs and Services</i> at <a href="http://www.phsa.ca/bccdcpublichealthlab">www.phsa.ca/bccdcpublichealthlab</a>																						

**1 – Patient Information**  
**2 – Clinical Information**  
 Please fill in as completely as possible.  
 Note – For non-nominal HIV testing, omit the patient's PHN

**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**  
 Please provide 2 serum separator tubes

**6 – Syphilis Testing**  
 Please provide 1 serum separator tube

**7 – HIV Testing**

**8 – Hepatitis Testing**

**9 – Other Serology (except *H. pylori*)**  
 For any combination of testing for HIV, Hepatitis and Other Serology (except *H. pylori*), please provide 1 serum separator tube.

**– *H. pylori* Testing**  
 Please provide 1 serum separator tube

**10 – Other Tests**  
 Indicate all additional tests requested. Please consult the Guide to Programs & Services for specimen requirements.

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## PHSA Laboratories

BC Centre for Disease Control  
 Public Health Microbiology and Reference Laboratory, 655 West 12th Avenue, Vancouver, BC V5Z 4R4

### Serology Screening Requisition

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PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME		
DOB (DD/MM/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK		<input type="checkbox"/> I do not require a copy of the report
ADDRESS		ADDITIONAL COPIES TO: (Address / MSC#)	
CITY / TOWN		1.	
POSTAL CODE		2.	
SAMPLE REFERENCE NO.		3.	

**Section 2 - Clinical Information**

<b>Clinical Information</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Headache / Stiff Neck <input type="checkbox"/> Rash Symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Gastrointestinal Symptoms <input type="checkbox"/> Respiratory Symptoms <input type="checkbox"/> STD Contact <input type="checkbox"/> Other (Specify): _____	<b>Reason for Test</b> <input type="checkbox"/> Therapeutic Monitoring <input type="checkbox"/> Immigration <input type="checkbox"/> Prenatal <input type="checkbox"/> Follow-up <input type="checkbox"/> NEEDLESTICK <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Other (Specify): _____		
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**Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)**

<b>PRENATAL SCREENING</b> HIV Nominal Reporting <input type="checkbox"/> HIV HIV Non-Nominal Reporting <input type="checkbox"/> HIV HBsAg <input type="checkbox"/> HBVP Rubella IgG <input type="checkbox"/> RUBIG Syphilis Screen <input type="checkbox"/> TPS Other Tests (Specify): _____ EDC: _____ Hospital of Delivery: _____ <b>SYPHILIS (Non Prenatal)</b> Syphilis Screen <input type="checkbox"/> TPS Syphilis Confirmatory <input type="checkbox"/> TPSC History (Required for confirmatory testing): _____ <b>HIV (Non Prenatal)</b> Note: Patient has legal right to choose nominal or non-nominal reporting of Positive HIV to MOH HIV Nominal Reporting <input type="checkbox"/> HIV HIV Non-Nominal Reporting <input type="checkbox"/> HIV	<b>HEPATITIS</b> <b>Chronic - undefined etiology</b> HBsAg, Anti-HBc Total <input type="checkbox"/> HEPCH Anti-HBs, Anti-HCV <b>Acute - undefined etiology</b> HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM <input type="checkbox"/> HEPS Hepatitis B Serology <input type="checkbox"/> HBVSAG Anti-HBs (Immune Status) <input type="checkbox"/> HAVT Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAVIM Anti-HBs (Immune Status) <input type="checkbox"/> HBVSAB Anti-HBc Total (Natural Infection) <input type="checkbox"/> HBCT Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCEM HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HBEAEG Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HBEAEB Anti-HCV <input type="checkbox"/> HEPCC	<b>OTHER SEROLOGY</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Immunity</th> <th style="text-align: left;">Acute</th> </tr> <tr> <td>Measles IgG (Rubella) <input type="checkbox"/> MIG</td> <td>Measles IgM (Rubella) <input type="checkbox"/> MIM</td> </tr> <tr> <td>Mumps IgG <input type="checkbox"/> MUIG</td> <td>Mumps IgM <input type="checkbox"/> MUIM</td> </tr> <tr> <td>Parvo B19 IgG <input type="checkbox"/> PARVIG</td> <td>Parvo B19 IgM <input type="checkbox"/> PARVIM</td> </tr> <tr> <td>Rubella IgG <input type="checkbox"/> RUBIG</td> <td>Rubella IgM <input type="checkbox"/> RUBIM</td> </tr> <tr> <td>EBV IgG <input type="checkbox"/> EBIGS</td> <td>EBV IgM <input type="checkbox"/> EBIMS</td> </tr> <tr> <td>CMV IgG <input type="checkbox"/> CMVIG</td> <td>CMV IgM <input type="checkbox"/> CMVIM</td> </tr> <tr> <td>Varicella IgG <input type="checkbox"/> VZIG</td> <td>HTLV I / II <input type="checkbox"/> AHTLV</td> </tr> <tr> <td>HSV IgG <input type="checkbox"/> HSVIG</td> <td><i>H. pylori</i> IgG <input type="checkbox"/> HPGS</td> </tr> <tr> <td><i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM</td> <td></td> </tr> </table> <b>OTHER TESTS (Specify)</b> _____ <b>COMMENTS</b> _____ For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at <a href="http://www.phsa.ca/bccdcpublichealthlab">www.phsa.ca/bccdcpublichealthlab</a>	Immunity	Acute	Measles IgG (Rubella) <input type="checkbox"/> MIG	Measles IgM (Rubella) <input type="checkbox"/> MIM	Mumps IgG <input type="checkbox"/> MUIG	Mumps IgM <input type="checkbox"/> MUIM	Parvo B19 IgG <input type="checkbox"/> PARVIG	Parvo B19 IgM <input type="checkbox"/> PARVIM	Rubella IgG <input type="checkbox"/> RUBIG	Rubella IgM <input type="checkbox"/> RUBIM	EBV IgG <input type="checkbox"/> EBIGS	EBV IgM <input type="checkbox"/> EBIMS	CMV IgG <input type="checkbox"/> CMVIG	CMV IgM <input type="checkbox"/> CMVIM	Varicella IgG <input type="checkbox"/> VZIG	HTLV I / II <input type="checkbox"/> AHTLV	HSV IgG <input type="checkbox"/> HSVIG	<i>H. pylori</i> IgG <input type="checkbox"/> HPGS	<i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM	
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For information on specimen collection, please call the Central Processing & Receiving Lab at 1-877-PHSALAB

Form XXX-CDXXXXXX Version 1.1 2009/06/29

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