

# HCV/HBV Viral Load, Genotyping, and Drug Resistance Testing Requisition

Ordering Healthcare Provider Information			
Licence No.:	Healthcare Provider Full Name:		
Org Name:	Address:		
City:	Postal Code:	Province:	
Tel:	Fax:		
Copy to Lab / Health Unit / Other Authorized Healthcare Provider			
Licence No.:	Lab / Health Unit / Other Authorized Provider Name:		
Org Name:	Address:		
City:	Postal Code:	Province:	
Tel:	Fax:		

For Public Health Ontario's laboratory use only:	
Date Received (yyyy-mm-dd):	PHO Lab No.:

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:	
<b>Investigation / Outbreak No. from PHO or Health Unit (if applicable):</b>			

Test(s) Requested			
<b>HCV RNA:</b>	Viral Load	Genotyping	Drug Resistance <sup>‡</sup>
<b>HBV DNA:</b>	Viral Load	Genotyping	Drug Resistance <sup>‡</sup>

Specimen Information	
★ <b>Date Collected</b> (yyyy-mm-dd):	<b>Submitter Lab No.:</b>
Serum	Dried Blood Spots (DBS) - <b>HCV RNA ONLY</b>
Other*	Specify:
<b>Previously submitted specimen</b> PHO's Lab Specimen Number:	
<b>*Note:</b> Requires PHO's Microbiologist approval before sending. Contact PHO's Lab Customer Service Center at 1-877-604-4567.	

**‡Note:** Drug Resistance Testing should be considered to investigate viral breakthrough and/or treatment failure. It is not required for the initiation of treatment.

## Testing Indication(s) / Criteria

**Completion of this section is mandatory.** An indication for testing must be provided to avoid delays and/or cancellation.

HCV RNA:		
<b>Diagnostic</b>		
Acute infection	HCV Reinfection	HCV Point-of-care test (POCT) positive
High-risk	Transplant recipient	Immunocompromised
Spontaneous clearance	Prenatal	Infant diagnosis (≤18 months)
Other Specify:		
<b>Pre-treatment</b>		
<b>Post-treatment</b>		

HBV DNA:		
<b>Pre-treatment</b>	<b>On-treatment monitoring</b> (every 3 months)	
<b>Post-treatment</b>	<b>Query viral breakthrough</b>	
<b>Other Indications:</b>		
Transplant recipient	Immunocompromised	High-risk
Prenatal	Occult infection	
Other Specify:		

# A Guide to Complete the PHO HCV/HBV Viral Load, Genotyping, and Drug Resistance Testing Requisition

ALL sections of the form must be completed legibly for each specimen submitted, or testing may be delayed or cancelled.

The use of pre-populated fields is not recommended as the fields may be outdated or erroneously used for other patients. If pre-populated requisitions are used, make sure that all the fields are still applicable and current.

For HIV, respiratory viruses, cultured isolates, or environmental samples, please use the dedicated requisitions available at [www.publichealthontario.ca/requisitions](http://www.publichealthontario.ca/requisitions).

## Ordering Healthcare Provider Information

1. The ordering healthcare provider must be authorized to order laboratory tests in Ontario as per the [Laboratory and Specimen Collection Licensing Act](#) O. Reg. 45 s. 18.
2. Fill all ordering healthcare provider information accurately for the test to be approved and results to be transmitted to the correct provider.
3. In settings where rotating healthcare providers take charge of patients, include the name of the attending healthcare provider.
4. **Licence number field:** fill with the OHIP billing number, CPSO number, or other regulated healthcare professions' college registration number.
5. **Copy To field:** in addition to the main ordering healthcare provider, if a copy of the results needs to be provided to another provider, check the Copy To box and complete the additional fields.

## Patient Information

1. Fill all patient information accurately for the test to be approved and results to be assigned to the correct patient.
2. The patient identifiers on the specimen container must be identical to those on the requisition, or testing will be cancelled.
3. When a result is positive for a disease of public health significance, a report will be issued to the health unit where the patient resides as per the [Health Protection and Promotion Act](#) O. Reg. 569 s. 3. If the patient has no address listed, the report will be issued to the health unit where the ordering provider is located.
4. **Health Card number field:** Do not leave blank. Instead, write "not available" if unknown.
5. **Investigation/Outbreak number field:** if a number was assigned to the patient encounter by PHO or a health unit for the purpose of investigations, fill and make sure the number is accurate and current.

## Specimen Information

1. **Date Collected field:** the star is a visual reminder to fill this field, as this field is often missed by submitters.
2. **Submitter Lab number field:** Provide if available.
3. **Other field:** specify both the type of specimen (e.g. skin swab, lymph node biopsy, synovial fluid aspirate, unstained smear) and the body location (e.g. right arm, supraclavicular, left knee, vaginal).

## Test(s) Requested

1. Select the appropriate test by checking the checkboxes.
2. Verify that the specimen type, collection, storage, and transport requirements are met before submission per the test menu found at or [www.publichealthontario.ca/HepCRNA](http://www.publichealthontario.ca/HepCRNA) or [www.publichealthontario.ca/HepBDNA](http://www.publichealthontario.ca/HepBDNA).
3. If testing requires pre-approval, contact PHO's laboratory Customer Service Centre (see below) for approval.
4. Drug Resistance Testing should be considered to investigate viral breakthrough and/or treatment failure. It is not required for the initiation of treatment.
5. PHO's laboratory only performs tests that are insured services within the meaning of Ontario's [Health Insurance Act](#), s. 11.
6. No additional test will be added to the previously submitted specimens except under exceptional circumstances. If additional tests are required, please submit another specimen and requisition.

## Testing Indication(s) / Criteria

1. **Completion of this section is mandatory.** An indication for testing must be provided to avoid delays and/or cancellations.
2. Select the appropriate testing indication(s) for the test requested. Please note that testing indications are listed separately for HCV and HBV. The indication must be selected according to the test ordered.

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## Public Health Ontario's Laboratory

### Customer Service Centre

Monday to Friday 7:30 am – 7:00 pm EST/EDT  
Saturday 8:00 am – 3:45 pm EST/EDT

Tel.: 416-235-6556  
Toll Free: 1-877-604-4567  
Email: [customerservicecentre@oahpp.ca](mailto:customerservicecentre@oahpp.ca)  
Website: [www.publichealthontario.ca](http://www.publichealthontario.ca)