General Test Requisition

Public Health Ontario | Santé publique Ontario

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.

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:

Patient Information

Health Card No.:

Date of Birth (yyyy-mm-dd): | Medical Record No.:

Sex: ☐ Male ☐ Female ☐ Trans woman ☐ Trans man

Last Name:

First Name:

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.

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 Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004.6 (October 2026).

Ontario

A Guide to Complete the PHO General Test 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 all Public Health Ontario (PHO) tests requests, follow the guidelines outlined on the appropriate Test Information Sheet: www.publichealthontario.ca/TIS

Submitter / Health Care Provider Information

1. The ordering health care 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 health care provider information accurately for the test to be approved and results to be transmitted to the correct provider.
3. **HCP Full Name field:** laboratories and hospitals should provide the Laboratory Director as the submitter, or in medical clinics with rotating health care providers, include the name of the attending health care provider.
4. **Licence No. field:** fill with the OHIP billing number, CPSO number, or other regulated health care professions' college registration number.
5. **Copy To field:** in addition to the primary submitter, if a copy of the results need to be shared with another provider, complete the additional fields. If submitting from hospitals, include the name of the ordering HCP.

Patient Setting

1. Check the setting most applicable to the current patient encounter. Examples of congregate living settings include long-term care homes, shelters, group homes, and correctional facilities.

Testing Indication(s) / Criteria

1. Check or write the reason(s) for testing. This may assist in assay selection or interpretation at PHO.

Signs / Symptoms

1. Some tests may not be approved unless clinical information is detailed. Refer to the test menu for approval criteria.
2. **Onset Date field:** the star (★) is a visual reminder to fill this field if signs or symptoms are present, as the field is often missed by submitters.

Relevant Exposure(s) / Relevant Travel(s)

1. Some tests may not be approved unless exposure or travel information is provided. Refer to the test menu for approval criteria.
2. **Occupational Exposure/Needlestick Injury field:** if applicable, specify whether the specimen is collected from the source of exposure or the exposed individual.

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 No. field:** Do not leave blank. Instead, write "not available" if unknown.
5. **Investigation/Outbreak No. 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 No. 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. Enter each assay name individually as per PHO's current test menu: www.publichealthontario.ca/testdirectory. Test names must be CLEAR and LEGIBLE. Be as specific as possible. For assays with multiple organisms tested (i.e. multiplex testing), enter the assay name instead (for example, gastroenteritis virus detection).
2. Verify that the specimen type, collection, storage, and transport requirements are met before submission as per the test menu.
3. If testing requires pre-approval, contact PHO Customer Service Centre (see below) for approval.
4. **Routine hepatitis A, B, and C Serology testing section:** for routine hepatitis A, B, or C serology requests, check one of the applicable boxes. If additional individual markers are required (e.g. HBsAg only for occupational exposures, HBeAg/anti-HBe for hepatitis B infection follow-up), these may be ordered individually in the free text fields above under Test(s) Requested. For acute hepatitis A and B infection testing, clinical information is required or testing may be cancelled or delayed.
5. 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.

Technical Considerations

1. When integrating the General Test Requisition within the electronic medical record systems, please ensure that the overall layout stays the same, scale text (font size) automatically, and remove any options that 'scroll long text'.

Public Health Ontario

Customer Service Centre

Tel.: 416-235-6556
Toll Free: 1-877-604-4567
Email: customerservicecentre@oahpp.ca
Website: www.publichealthontario.ca

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