

HIV Serology & PCR 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.

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:		

Specimen Information			
★ Date Collected (yyyy-mm-dd):	Submitter Lab No.:		
Whole blood	Dried blood spot (HIV PCR only)	Plasma (EDTA)	Serum
Other* (Specify):			

*Note: Requires PHO's Microbiologist approval before sending. Contact PHO's Lab Customer Service Center at 1-877-604-4567.

Test(s) Requested	
HIV Serology	Comments:
HIV PCR	

Testing Indication(s) / Criteria				
Routine	Prenatal	Pre-exposure prophylaxis		
Known HIV positive (re-test)	Infant diagnosis ≤18 months	Post-exposure prophylaxis		
Symptoms - acute infection (e.g., flu-like illness, fever, rash)	Visa / immigration			
Symptoms - advanced disease / AIDS	Self-test; result:			
Sexual assault	POS	NEG	Invalid	
Other (Specify):				

Most Recent HIV Laboratory Test Result		
Never tested	Negative	Positive (in Ontario)
Unknown	Indeterminate	Positive (outside Ontario)
Previous PHO Lab sample no. (if available):		

Patient Information				
Health Card No.:				
Date of Birth (yyyy-mm-dd):	Medical Record No.:			
Sex:	Male	Female	Transfemale (M to F)	Transmale (F to M)
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):				
★ Country of Birth:				
Race / Ethnicity				
(Check all that apply)				

White	Southeast / East Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent; Chinese, Korean, Japanese, Taiwanese descent)
Black	Arab / West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan)
First Nations	Métis
Métis	Latin American (e.g. Mexican, Central / South American)
Inuit	South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)
Other (Specify):	

Risk Factors	
(Check all that apply)	
Sex with women	Sex with a person who was known to be:
Sex with men	HIV-positive
Injection drug use	Using injection drugs
Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)	Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)
Child of HIV+ mother	A bisexual male
Other (Specify):	

A Guide to Complete the PHO HIV Serology & PCR 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 other test requisitions, please visit www.publichealthontario.ca/requisitions.

Submitter / Health Care Provider (HCP) 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. **Licence No. field:** fill with the OHIP billing number, CPSO number, or other regulated health care professions' college registration number.
4. **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.
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.

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 the type of specimen. Please note that other specimen types require PHO's Microbiologist approval before sending. Contact PHO's Lab Customer Service Center at the number or email below.
4. Verify that the specimen type, collection, storage, and transport requirements are met before submission per the test menu found at www.publichealthontario.ca/HIVDiagSero or www.publichealthontario.ca/HIVpcr.
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.

Test(s) Requested

1. Select the appropriate test by checking the box. For HIV serology, refer to the following webpage for testing algorithm: www.publichealthontario.ca/HIVDiagSero.
2. For scenarios in which to consider HIV PCR testing, refer to: www.publichealthontario.ca/HIVpcr.

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.

Most Recent HIV Laboratory Test Result

1. Check the appropriate box for the patient's last HIV test result. If the patient does not have a history of HIV testing, check the "Never tested" box.
2. If the last HIV test was completed at PHO, fill in the PHO specimen number.
3. **Note:** this refers to a laboratory-based test and not a point-of-care test.

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.
6. **Country of Birth field:** the star is a visual reminder to fill this field, as this field is often missed by submitters. **DO NOT leave blank.** Instead, write "not available" if unknown.

Race / Ethnicity

1. Check all boxes that apply. If "Other", specify in box.

Risk Factors

1. Check all boxes that apply. If "Other", specify in box.

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
Website: www.publichealthontario.ca