

LABSTRACT – Updated May 2021

Requisition for HIV Serology and HIV PCR

Audience

Healthcare providers who order HIV serology testing.

Overview

Effective May 15, 2021, Public Health Ontario (PHO) is releasing a revised HIV Serology and HIV PCR Test Requisition with changes aimed to simplify the process for ordering tests.

Full and accurate completion of the requisition is essential for:

- clinical assessment
- timely and informative surveillance
- strategic/resource planning
- local and regional priority setting
- program planning and evaluation

These updates were identified after extensive consultation with internal and external stakeholders.

Changes to the HIV Serology and HIV PCR Test Requisition include (effective May 15th):

1. Removal of HTLV I and HTLV II Tests
 - Please use the PHO [General Test Requisition](#) to order HTLV I or HTLV II serology and PCR.
2. PHO will no longer supply printed copies of the HIV Serology and HIV PCR Test Requisition
 - Please download a copy of the revised HIV Serology and HIV PCR Test Requisition from the [Test Requisition Page](https://www.publichealthontario.ca/en/laboratory-services/test-requisitions) on our website (<https://www.publichealthontario.ca/en/laboratory-services/test-requisitions>)
 - We ask that you discard all printed copies of previous HIV and HTLVI/HTLVII Serology and HIV PCR Test Requisition versions.
 - Older versions of the requisition will not be accepted after November 15th, 2021.
3. Change of Race/Ethnicity category from “Southeast Asian” to “Southeast/East Asian”
4. Reason for Test
 - Options have been updated to capture HIV self-testing results. If a specimen is submitted following testing with the HIV self-test, please indicate the result of the HIV self-test as positive, negative, or invalid.

For further information

- Contact the PHO's Laboratory Customer Service Centre at 416-235-6556 or 1-877-604-4567 (toll-free), or by email at customerservicecentre@oahpp.ca
- For PHO's Laboratory specimen collection information and previous Labstracts, refer to publichealthontario.ca/test_directory
- The current versions of the PHO Test Requisition and other forms are available at publichealthontario.ca/Requisitions
- To subscribe to receive future Labstracts, [register on our website](#)
- To register for Autofax and receive laboratory reports by fax directly from our laboratory information system as soon as they are released, contact the PHO's Laboratory Customer Service Centre.
- Information on anonymous testing can be found at [health.gov.on.ca/en.public/programs/hiv aids/hiv_testing.aspx](http://health.gov.on.ca/en/public/programs/hiv aids/hiv_testing.aspx)

Public Health Ontario is an agency of the Government of Ontario.



HIV Serology HIV PCR Test Requisition

For laboratory use only	
Date received (yyyy/mm/dd):	PHOL No.:

ALL Sections of this form must be completed at every visit

1 - Submitter Name Address City & Province Postal Code		2 - Patient Information Health Card No.: Medical Record No.:	
Submitter lab no. number (if applicable):		Date of Birth (yyyy/mm/dd): Sex: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> TM* <input type="radio"/> TF* <small>*TF = transfemale (M to F); TM = transmale (F to M)</small>	
Clinician Initial / Surname and OHIP / CPSO No.:		Last Name: First Name:	
Telephone: Fax:		Address:	
cc Doctor / Qualified Health Care Provider Information Name: Telephone:		City: Postal Code:	
Lab / Clinic Name: Fax:		PHO study or program no. (if applicable):	
CPSO No.:		3 - Country of Birth:	
Address: Postal Code:		4 - Race Ethnicity (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali) <input type="checkbox"/> Southeast / East Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent; Chinese, Korean, Japanese, Taiwanese descent) <input type="checkbox"/> Arab / West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan) <input type="checkbox"/> Latin American (e.g. Mexican, Central / South American) <input type="checkbox"/> Other, please specify:	
6 - Specimen Details Collection date of specimen (yyyy/mm/dd):		5 - Risk Factors (check all that apply) <input type="checkbox"/> Sex with women <input type="checkbox"/> Sex with men <input type="checkbox"/> Injection drug use <input type="checkbox"/> Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean) <input type="checkbox"/> Child of HIV+ mother <input type="checkbox"/> Other, please specify:	
Type of specimen: <input type="checkbox"/> Whole blood <input type="checkbox"/> Dried blood spot (HIV PCR only) <input type="checkbox"/> Serum <input type="checkbox"/> ACD / EDTA <input type="checkbox"/> Plasma		<input type="checkbox"/> Sex with a person who was known to be: <input type="checkbox"/> HIV-positive <input type="checkbox"/> Using injection drugs <input type="checkbox"/> Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean) <input type="checkbox"/> A bisexual male <input type="checkbox"/> Other, please specify:	
Tests requested: <input type="checkbox"/> HIV1 / HIV2 <input type="checkbox"/> HIV PCR (for infant diagnosis ≤18 months)			
Comments:			
7 - Reason for Test (check all that apply) <input type="checkbox"/> Routine <input type="checkbox"/> Known to be HIV positive (repeat test) <input type="checkbox"/> Symptoms - acute seroconversion (e.g. flu-like illness, fever, rash) <input type="checkbox"/> Symptoms - advanced disease / AIDS <input type="checkbox"/> Sexual assault <input type="checkbox"/> Visa / immigration requirement <input type="checkbox"/> Prenatal <input type="checkbox"/> Pre-exposure prophylaxis <input type="checkbox"/> Post-exposure prophylaxis <input type="checkbox"/> Infant diagnosis ≤18 months <input type="checkbox"/> Self-test; result: <input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> Invalid <input type="checkbox"/> Other, please specify:			
8 - Previous Test Information Last test result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (In Ontario) <input type="checkbox"/> Positive (outside Ontario) <input type="checkbox"/> Unknown <input type="checkbox"/> Indeterminate Previous PHOL sample no. (if available):		CONFIDENTIAL WHEN COMPLETED The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. Form No. F-SD-3CG-1001 (2/1/03/23).	