HCV/HBV Viral Load, Genotyping, and Drug Resistance Testing 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 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.:**

☐ Serum ☐ Plasma ☐ Dried Blood Spots (DBS) - **HCV RNA ONLY**

☐ Other* Specify:

☐ **Previously submitted specimen** PHO's Lab Specimen Number:

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

Test(s) Requested

HCV RNA: ☐ Viral Load ☐ Genotyping ☐ Drug Resistance‡

HBV DNA: ☐ Viral Load ☐ Genotyping ☐ Drug Resistance‡

‡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:

☐ **Diagnostic**

- ☐ 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:

☐ **Pre-treatment**

☐ **Post-treatment**

HBV DNA:

☐ **Pre-treatment**

☐ **On-treatment monitoring** (every 3 months)

☐ **Post-treatment**

☐ **Query viral breakthrough**

Other Indications:

- ☐ Transplant recipient
- ☐ Immunocompromised
- ☐ High-risk
- ☐ Prenatal
- ☐ Occult infection
- ☐ Other Specify:

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 Services at 416-235-6556 or toll free 1-877-604-4567. F-C-HE-036, version 014 (October 2026)

Ontario

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 all other 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 healthcare 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 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. If submitting from hospitals, include the name of the ordering HCP.

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:** For other specimen types, approval from a PHO's Microbiologist is required before sending. Contact PHO Customer Service Centre (see below) for approval.

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 or 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.

Testing Indication(s) / Criteria

1. **Completion of this section is mandatory.** The star (★) is a visual reminder to fill this field, as this field is often missed by submitters. 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.

Public Health Ontario

Customer Service Centre

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

Ontario