

Instructions for the Submission of Specimens for Prenatal Testing

The Prenatal Testing Program includes the option of HIV testing, as recommended by the Ontario Advisory Committee on HIV/AIDS and the College of Physicians and Surgeons of Ontario. The requisition specifies tests for hepatitis B surface antigen, rubella and syphilis, and also have the option of selecting HIV testing

1. Complete the Prenatal Screening requisition. Be sure to include the required patient information including surname, first name, address, city, postal code, HIN, date of birth, date specimen collected, and submitter's reference number.
2. Check the tests required.
3. Draw blood for Prenatal Screening. One full red top or serum separator tube (SST) is sufficient for all tests. If the patient is being referred to a laboratory for blood collection, ensure the completed Prenatal Screening requisition is forwarded to that laboratory.
4. Otherwise, submit the specimen and requisition to your local Public Health Ontario Laboratory for testing.
5. For other Prenatal inquiries please contact the Customer Service Centre.

Public Health Ontario Laboratories

Customer Service Centre

7:30 am - 7:00 pm, Monday to Friday

8:00 am - 3:45 pm, Saturday

Tel: 416.235.6556

Toll Free: 1.877.604.4567

Fax: 416.235.6552

Emergency After-Hours Duty Officer

Tel: 416.605.3113

Website: www.publichealthontario.ca