

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

Prenatal Screening Requisition

ALL Sections of this form must be completed at every visit

Name Address City & Province Postal Code Clinician initial / Surname and OHIP / CPSO No.: Telephone: Fax: CC Doctor Information Name: Tel: Lab / Clinic Name: Fax: CPSO No.: Address: Postal Code: Date Of Birth (yyyy/mm/dd): Last Name per health card: Address: Postal Code: Phone Number: Submitter Lab No.: Date Collected: 3 - Test(s) Requested (Please see descriptions on reverse) Hepatitis B Surface Antigen Syphilis Rubella HIV Rubella Performed at other laboratory Date of Birth (yyyy/mm/dd): Last Name per health card: First Name per health card: Address: Postal Code: Phone Number: Submitter Lab No.: Date Collected: - One full red top or serum separator tube (SST) is sufficient for all tests. - HIV testing can also be ordered separately using the HIV serology requisition. - For other tests please use the appropriate Public Health	1- Submitter		2 - Patient Information	on		
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- Laboratory Results - for laboratory use only	Laboratora Describe for	1-1				
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For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions.

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's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1002, version 001.1 (August 2024)



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, subit the specimen and requisition to your local Public Health Ontario Laborator for testing.
- 5. For other Prenatal inquires please contact the Customer Service Centre.

Public Health Ontario Laboratories

 Customer Service Centre
 Tel:
 416.235.6556

 7:30 am - 7:00 pm, Monday to Friday
 Toll Free:
 1.877.604.4567

 8:00 am - 3:45 pm, Saturday
 Fax:
 416.235.6552

Emergency After-Hours Duty Officer Tel: 416.605.3113

Website: www.publichealthontario.ca

