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				2 - Patient Information					
Name Address City & Province Postal Code				Health Card No.:		Medical Record No.:			
				Date of Birth (yyyy/mm/dd):	I	M F TM* TF* usfemale (M to F); usmale (F to M)			
				Last Name:	First Name:				
Submitter lab no. number (if applicable):									
Clinician initial / Surname and OHIP / CPSO No.:				Address:					
Telephone:	Fax:			City:		Postal Code:			
cc Doctor / Qualified Health Care Provider Information				PHO study or program no. (if applicable):					
Name: Telephone:									
Lab / Clinic Name:			_	3 - Country of Birth:					
CPSO No.:				4 - Race Ethnicity (check all that apply)					
Address:		Postal Code:		White Black First Nations		Southeast / East Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian			
6 - Specimen Details				Métis	descent; Chinese, Korean, Japanese, Taiwanese descent)				
Collection date of specimen (yyyy/mm/dd):				Inuit		Arab / West Asian			
Type of Whole blood specimen:	Dried blood spot Serum (HIV PCR only) Plasma			South Asian (e.g. East Indian, Pak Sri Lankan, Punjabi, Bangladeshi, Nepali)	(e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan) Latin American (e.g. Mexican, Central / South American)				
Tests requested: HIV1 / HIV2		HIV PCR (for infant liagnosis ≤18 months)		Other, please specify:		American			
Comments:				5 - Risk Factors (check all that apply)					
7 - Reason for Test (check all that apply)				W Sex with women		Sex with a perso	on who wa	s	
Routine Prenatal				M Sex with men	known to be:				
Known to be HIV positive (repeat test)	Pre-e	exposure prophylaxis		Injection drug use Born in an HIV-ender	nic	H HIV-positiveUsing injection drugs			
Symptoms - acute seroconversion		Post-exposure prophylaxis Infant diagnosis ≤18 months		country (includes countries in sub-Saharian Africa and the Caribbean)		 Born in an HIV-endemic country (includes countries in sub-Saharian Africa and the Caribbean) A bisexual male 			
Symptoms - advanced disease / AIDS		Self-test; result:		C Child of HIV+ mother					
Sexual assault		POS NEG Invalid							
Otl Visa / immigration requirement		ther, please specify:		Other, please specify:					
8 - Previous Test Information				CONFIDENTIAL WHEN COI	MPLFTFD				
Last test result: Unknown				The personal health informat	tion is collec		•	ersonal	

Negative Unknown

Indeterminate

Positive (in Ontario) Previous PHOL sample no. (if available):

Positive (outside Ontario)

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-SCG-1001 (21/03/23).

