

## Labstract – February 2018

### New Requisition for HIV and HTLV testing

#### Audience

Healthcare providers who order HIV serology testing.

#### Overview

Public Health Ontario Laboratory (PHOL) will implement an updated HIV and HTLV requisition form, titled **HIV and HTLVI/HTLVII Serology and HIV PCR Test Requisition**, effective February 5, 2018 with changes aimed towards improving ease of use and realignment with our general test requisition. The new requisition replaces the HIV Serology Form and can be used to order HIV serology, HTLVI/HTLVII serology, and HIV PCR. The requisition can be found at [publichealthontario.ca/requisitions](http://publichealthontario.ca/requisitions).

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 changes were put into place after extensive consultation with internal and external stakeholders.

#### Some of “What’s New” on the requisition

##### 1. Submitter - cc Doctor

- If you require PHOL to send a copy of the test results to another healthcare provider, enter the clinician’s complete address, full name, telephone number and fax number in the cc Doctor field provided.

##### 2. Specimen Details

- Plasma added as an acceptable sample type
- The option has been added for ordering HIV PCR for infant (age ≤18 months) diagnosis
- Dried blood spot for HIV PCR testing of infants (age ≤18 months) added as an acceptable sample type

## New Requisition for HIV and HTLV testing (Continued)

### 3. Reason for Test

A number of new options have been added including:

- Symptoms of acute seroconversion
- Pre-exposure prophylaxis
- Post-exposure prophylaxis
- Sexual assault

### 4. Previous Test Information

- More options added, especially for previous positive results in Ontario or outside of Ontario

### 5. Patient Information

- Includes health card number and address
- Patient sex now includes transgender options
- Includes country of birth and race/ethnicity

### 6. Risk factors

- Options have been updated to reflect current risk factors

### For further information:

- Information on anonymous testing can be found at [http://health.gov.on.ca/en/public/programs/hivaids/hiv\\_testing.aspx](http://health.gov.on.ca/en/public/programs/hivaids/hiv_testing.aspx)
- Contact the PHOL Customer Service Centre at 416-235-6556 or 1-877-604-4567 (toll-free), or by email at [CustomerServiceCentre@oahpp.ca](mailto:CustomerServiceCentre@oahpp.ca)
- For PHOL specimen collection information and previous Lababstracts, refer to <http://www.publichealthontario.ca/Labs>
- The current version of the PHOL General Test Requisition and other forms are available at <http://www.publichealthontario.ca/Requisitions>
- To subscribe to future Lababstracts, email [lababstracts@oahpp.ca](mailto:lababstracts@oahpp.ca)
- To register for Autofax and receive laboratory reports by fax directly from our laboratory information system as soon as they are released, contact the PHOL Customer Service Centre.

# New Requisition for HIV and HTLV testing (Continued)



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

## HIV and HTLVI/HTLVII Serology HIV PCR Test Requisition

ALL Sections of this Form MUST be Completed

<b>Submitter</b> Courier Code  Provide Return Address: Name Address City & Province Postal code		<b>Patient Information</b> Health card no.: _____ Medical record no. (if applicable): _____ Date of Birth: yyyy / mm / dd Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> TF* <input type="checkbox"/> TM* <small>*TF=transfemale (M to F); TM=transmale (F to M)</small> Last name: (per health card) _____ First name: (per health card) _____ Address: _____ City: _____ Postal code: _____ PHO study or program no. (if applicable): _____ Country of birth: _____	
Submitter lab no. (if applicable): _____ Clinician Initial / Surname and OHIP / CPSO Number _____ Tel: _____ Fax: _____ <b>cc Doctor/Qualified Health Care Provider Information</b> Name: _____ Tel: _____ Lab/Clinic name: _____ _____ Fax: _____ CPSO #: _____ Address: _____ _____ Postal code: _____		<b>Race/Ethnicity:</b> <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 <small>(e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)</small> <input type="checkbox"/> Southeast Asian <small>(e.g. Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Korean, Filipino)</small> <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 - includes mixed ethnicity; specify: _____	
<b>Specimen Details</b> Collection date of specimen: <u>    yyyy / mm / dd    </u> Type of specimen: <input type="checkbox"/> Whole blood <input type="checkbox"/> Serum <input type="checkbox"/> ACD/EDTA <input type="checkbox"/> Plasma <input type="checkbox"/> Dried blood spot (HIV PCR only) Tests requested: <input type="checkbox"/> HIV1/HIV2 <input type="checkbox"/> HTLVI/HTLVII <input type="checkbox"/> HIV PCR (for infant diagnosis ≤18 mos) Comments: _____		<b>Risk Factors (check all that apply)</b> <input checked="" type="checkbox"/> Sex with women <input checked="" type="checkbox"/> Sex with men <input type="checkbox"/> Injection drug use <input checked="" type="checkbox"/> Born in an HIV-endemic country <small>(includes countries in sub-Saharan Africa and the Caribbean)</small> <input type="checkbox"/> Child of HIV+ mother Sex with a person who was known to be (check all that apply) <input type="checkbox"/> HIV-positive <input type="checkbox"/> Using injection drugs <input type="checkbox"/> Born in an HIV-endemic country <small>(includes countries in sub-Saharan Africa and the Caribbean)</small> <input type="checkbox"/> A bisexual male <input type="checkbox"/> Other (e.g. clotting factor, blood transfusion, needle stick/occupational, tattoo, piercing), please specify: _____	
<b>Reason for Test (check all that apply)</b> <input type="checkbox"/> Routine <input type="checkbox"/> Prenatal <input type="checkbox"/> Known to be HIV positive (repeat test) <input type="checkbox"/> Pre-exposure prophylaxis <input type="checkbox"/> Symptoms - acute seroconversion <small>(e.g. flu-like illness, fever, rash)</small> <input type="checkbox"/> Post-exposure prophylaxis <input type="checkbox"/> Symptoms - advanced disease/AIDS <input type="checkbox"/> Infant diagnosis ≤18 mos <input type="checkbox"/> Sexual assault <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Visa/immigration requirement		<b>Previous Test Information</b> Last test result: <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Positive (in Ontario) <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive (outside Ontario) <input type="checkbox"/> Previous PHOL sample no.: <u>(if available)</u>	

### 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-SCG-1001 (01/18)

