

General Test Requisition

Date received 2009 / 06 / 04	OPHL No.
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1 - Submitter

Courier Code
<p>Name: Address: City & Province: Postal Code:</p>
Clinician Name and ID / CPSO Number
Tel: _____ Fax: _____

2 - Patient Information

Health No. / HRN	Sex	Date of Birth: yy / mm / dd
Patient's Last Name (per OHIP card)		First Name (per OHIP card)
Patient Address		
Postal Code		
Submitter Lab No.		
Public Health Unit Outbreak No. 2253-2009-032		

3 - Test(s) Requested (Please see test codes on reverse)

CODE	DESCRIPTION
V13	Hbs Ag
V14	Anti Hbs
V18	Anti HBe
V19	Anti HCV

Hepatitis Serology	<input type="checkbox"/> Immunity	<input type="checkbox"/> A	<input type="checkbox"/> B
	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C

Specimen type and site

blood / serum faeces Nasopharyngeal
 sputum urine vaginal smear
 urethral cervix
 other - (specify) _____

4 - Reason for Test

<input checked="" type="checkbox"/> diagnostic <input type="checkbox"/> needle stick <input type="checkbox"/> prenatal <input type="checkbox"/> other - (specify) _____	<input type="checkbox"/> immune status <input type="checkbox"/> follow-up	Date Collected: yy / mm / dd
Clinical Information <input type="checkbox"/> fever <input type="checkbox"/> gastroenteritis <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI <input type="checkbox"/> headache/stiff neck <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant <input type="checkbox"/> encephalitis/meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input checked="" type="checkbox"/> other - (specify) Bloodborne exposure <input type="checkbox"/> recent travel - (specify) _____		Onset Date: yy / mm / dd

Laboratory Result

For laboratory use only

further report to follow

Date reported: 2009 / 06 / 04 Checked by: _____ Specimen(s) transferred to: _____ Date transferred: 2009 / 06 / 04