

Laboratory Policy requires that the patient's full name, date of birth, ordering physician's name and tests be on the requisition			
Patient Name: _____ <small>Surname First Initial(s)</small>		Date of Birth: _____ <small>Day Month Year</small>	
		Sex: <input type="radio"/> F <input type="radio"/> M	
Patient Address: _____ <small>Apt #/Street # City, Province Postal Code</small>		Phone No: _____	Chart No: _____
		Encounter No: _____	
Billing Information: <input type="radio"/> MSP <input type="radio"/> Patient <input type="radio"/> ICBC <input type="radio"/> WCB <input type="radio"/> OH&S <input type="radio"/> Other _____		Collection Date/Time: _____	
PHN: _____ ID Number: _____ Expiry Date: _____		Travel History: _____	
Physician Name, MSC #, Address: _____	Copy to (Name, MSC#, Address): _____		
	Vaccination History: _____		
Locum for: _____	<input type="radio"/> Phone report to: _____ <input type="radio"/> Fax report to: _____ <small>(provide appropriate contact number)</small>		<input type="radio"/> Pregnant
Physician: _____	Diagnosis/ indications for special testing and guideline protocols		
MSC#: _____			
ORDER SETS		SPECIFIC HEPATITIS TESTS	
Blood/Body Exposure: <input type="radio"/> Source <input type="radio"/> Exposed Person - Hepatitis B Surface Antigen - Hepatitis B Surface Antibody - Hepatitis B Core Total Antibody - Hepatitis C Antibody - HIV Antibody or Ag/Ab Combo <input type="radio"/> Prenatal Screen - Hepatitis B Surface Antigen - HIV Antibody or Ag/Ab Combo - Rubella – IgG - Syphilis Screen		<input type="radio"/> Hepatitis A – IgM (Acute Infection) <input type="radio"/> Hepatitis A – IgG (Immune Status) <input type="radio"/> Hepatitis B Surface Antigen <input type="radio"/> Hepatitis B Surface Antibody (Immune Status) <input type="radio"/> Hepatitis B Core Total Antibody <input type="radio"/> Hepatitis B Core IgM <input type="radio"/> Hepatitis Be Antigen (Therapeutic monitoring) <input type="radio"/> Hepatitis Be Antibody (Therapeutic monitoring) <input type="radio"/> HBV DNA Plasma Viral Load (Therapeutic monitoring) <input type="radio"/> Hepatitis C Antibody (Diagnosis) <input type="radio"/> Hepatitis C Genotyping <input type="radio"/> Hepatitis C Qualitative RNA (Diagnosis) <input type="radio"/> Hepatitis C Quantitative RNA (Treatment only) Baseline: _____ Week, specify: _____	
HEPATITIS		SEROLOGY	
<input type="radio"/> Hepatitis A Immunity: - Hepatitis A IgG Antibody <input type="radio"/> Hepatitis B Immunity: - Hepatitis B Surface Antibody <input type="radio"/> Acute – Undefined etiology - Hepatitis A – IgM - Hepatitis B Surface Antigen - Hepatitis B Surface Antibody - Hepatitis B Core Total Antibody - Hepatitis C Antibody <input type="radio"/> Chronic – Undefined etiology - Hepatitis B Surface Antigen - Hepatitis B Surface Antibody - Hepatitis B Core Total Antibody - Hepatitis C Antibody <input type="radio"/> Hepatitis B Screen - Hepatitis B Surface Antigen - Hepatitis B Surface Antibody - Hepatitis B Core Total Antibody <input type="radio"/> Monitoring of Hepatitis B Infection - Hepatitis Be Antigen - Hepatitis Be Antibody - HBV DNA Plasma Viral Load		<input type="radio"/> Cytomegalovirus (CMV) – IgG (Immunity) <input type="radio"/> HIV Antibody or Ag/Ab Combo (Diagnosis) GENERAL VIROLOGY <input type="radio"/> Cerebrospinal (CSF) for: (circle) HSV VZV Enterovirus Other (indication): _____ <input type="radio"/> Viral Respiratory PCR <input type="radio"/> Adenovirus PCR (Conjunctival swab) <input type="radio"/> HIV Plasma Viral Load (Therapeutic monitoring) <input type="radio"/> Other tests: Specify: <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">COVID-19 PCR</div>	
		TRANSPLANT PATIENT MONITORING	
		<input type="radio"/> Cytomegalovirus (CMV) PCR Plasma Viral Load <input type="radio"/> Polyomavirus (JC/BK) PCR Plasma Viral Load <input type="radio"/> EBV PCR Plasma Viral Load	
		GASTROINTESTINAL VIRUSES	
		<input type="radio"/> Norovirus PCR (OUTBREAK ONLY)	
		OTHER SEROLOGY	
IMMUNITY		ACUTE	
<input type="radio"/> Measles IgG (Rubeola) <input type="radio"/> Mumps IgG <input type="radio"/> Parvovirus B19 IgG		<input type="radio"/> Rubella IgG <input type="radio"/> EBV IgG <input type="radio"/> CMV IgG <input type="radio"/> Measles IgM (Rubeola) <input type="radio"/> Mumps IgM <input type="radio"/> Parvovirus B19 IgM	
		<input type="radio"/> Rubella IgM <input type="radio"/> EBV IgM <input type="radio"/> CMV IgM	
<input type="radio"/> Varicella IgG		<input type="radio"/> HSV IgG	
		<input type="radio"/> HTLV I / II	
Physician Signature: _____		Date: _____	