

General Test Requisition

ALL sections of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Ordering Healthcare Provider Information

Licence No.: _____ Healthcare Provider Full Name: _____

Address: _____ Postal Code: _____
City: _____ Province: _____
Tel: _____ Fax: _____

Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.: _____ Lab / Health Unit / Other Authorized Provider Name: _____

Address: _____ Postal Code: _____
City: _____ Province: _____
Tel: _____ Fax: _____

Patient Setting

Clinic / Community	ER (Not Admitted / Not Yet Determined)	ER (Admitted)
Inpatient (Non-ICU)	ICU / CCU	Congregate Living Setting

Testing Indication(s) / Criteria

Diagnosis	Screening	Immune Status	Follow-up / Convalescent
Pregnancy / Perinatal	Impaired Immunity	Post-mortem	

Other (Specify): _____

Signs / Symptoms

No Signs / Symptoms	★ Onset Date (yyyy-mm-dd):		
	Fever	Rash	STI
Gastrointestinal	Respiratory	Hepatitis	Meningitis / Encephalitis

Other (Specify): _____

Relevant Exposure(s)

None / Not Applicable	Most Recent Date (yyyy-mm-dd):		
	Occupational Exposure / Needlestick Injury (Specify):	Source	Exposed

Other (Specify): _____

Relevant Travel(s)

None / Not Applicable	Most Recent Date (yyyy-mm-dd):	
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Travel Details: _____

For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd): _____ PHO Lab No.: _____

Patient Information

Health Card No.: _____

Date of Birth (yyyy-mm-dd): _____ Sex: Male
Female

Medical Record No.: _____

Last Name (per health card): _____
First Name (per health card): _____

Address: _____ Postal Code: _____
City: _____ Tel: _____

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ Date Collected (yyyy-mm-dd):	Submitter Lab No.:	
Whole Blood	Serum	Plasma
Bone Marrow	Cerebrospinal Fluid (CSF)	Nasopharyngeal Swab (NPS)
Oropharyngeal / Throat Swab	Sputum	Bronchoalveolar Lavage (BAL)
Endocervical Swab	Vaginal Swab	Urethral Swab
Urine	Rectal Swab	Faeces

Other (Specify type AND body location): _____

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

- _____
- _____
- _____
- _____
- _____
- _____

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A	Immune Status (HAV IgG)	Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B	Immune Status (anti-HBs)	Chronic Infection (HBsAg + total anti-HBc)
	Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)	Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C	Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.	

A Guide to Complete the PHO General Test Requisition

ALL sections of the form must be completed legibly for each specimen submitted, or testing may be delayed or cancelled.

The use of pre-populated fields is not recommended as the fields may be outdated or erroneously used for other patients. If pre-populated requisitions are used, make sure that all the fields are still applicable and current.

For HIV, respiratory viruses, cultured isolates, or environmental samples, please use the dedicated requisitions available at www.publichealthontario.ca/requisitions.

Ordering Healthcare Provider Information

1. The ordering healthcare provider must be authorized to order laboratory tests in Ontario as per the [Laboratory and Specimen Collection Licensing Act](#) O. Reg. 45 s. 18.
2. Fill all ordering healthcare provider information accurately for the test to be approved and results to be transmitted to the correct provider.
3. In settings where rotating healthcare providers take charge of patients, include the name of the attending healthcare provider.
4. **Licence number field:** fill with the OHIP billing number, CPSO number, or other regulated healthcare professions' college registration number.
5. **Copy To field:** in addition to the main ordering healthcare provider, if a copy of the results needs to be provided to another provider, check the Copy To box and complete the additional fields.

Patient Setting

1. Check the setting most applicable to the current patient encounter. Examples of congregate living settings include long-term care homes, shelters, group homes, and correctional facilities.

Testing Indication(s) / Criteria

1. Check or write the reason(s) for testing. This may assist in assay selection or interpretation at PHO.

Signs / Symptoms

1. Some tests may not be approved unless clinical information is detailed. Refer to the test menu for approval criteria.
2. **Onset Date field:** the star is a visual reminder to fill this field if signs or symptoms are present, as the field is often missed by submitters.

Relevant Exposure(s) / Relevant Travel(s)

1. Some tests may not be approved unless exposure or travel information is provided. Refer to the test menu for approval criteria.
2. **Occupational Exposure/Needlestick Injury field:** if applicable, specify whether the specimen is collected from the source of exposure or the exposed individual.

Patient Information

1. Fill all patient information accurately for the test to be approved and results to be assigned to the correct patient.
2. The patient identifiers on the specimen container must be identical to those on the requisition, or testing will be cancelled.
3. When a result is positive for a disease of public health significance, a report will be issued to the health unit where the patient resides as per the [Health Protection and Promotion Act](#) O. Reg. 569 s. 3. If the patient has no address listed, the report will be issued to the health unit where the ordering provider is located.
4. **Health Card number field:** Do not leave blank. Instead, write "not available" if unknown.
5. **Investigation/Outbreak number field:** if a number was assigned to the patient encounter by PHO or a health unit for the purpose of investigations, fill and make sure the number is accurate and current.

Specimen Information

1. **Date Collected field:** the star is a visual reminder to fill this field, as this field is often missed by submitters.
2. **Submitter Lab number field:** Provide if available.
3. **Other field:** specify both the type of specimen (e.g. skin swab, lymph node biopsy, synovial fluid aspirate, unstained smear) and the body location (e.g. right arm, supraclavicular, left knee, vaginal).

Test(s) Requested

1. Enter each assay name individually as per PHO's current test menu: www.publichealthontario.ca/testdirectory. Test names must be CLEAR and LEGIBLE. Be as specific as possible. For assays with multiple organisms tested (i.e. multiplex testing), enter the assay name instead (for example, gastroenteritis virus detection).
2. Verify that the specimen type, collection, storage, and transport requirements are met before submission as per the test menu.
3. If testing requires pre-approval, contact PHO's laboratory Customer Service Centre (see below) for approval.
4. **Routine hepatitis A, B, and C Serology testing section:** for routine hepatitis A, B, or C serology requests, check one of the applicable boxes. If additional individual markers are required (e.g. HBsAg only for occupational exposures, HBeAg/anti-HBe for hepatitis B infection follow-up), these may be ordered individually in the free text fields above under Test(s) Requested. For acute hepatitis A and B infection testing, clinical information is required or testing may be cancelled or delayed.
5. PHO's laboratory only performs tests that are insured services within the meaning of Ontario's [Health Insurance Act](#), s. 11.
6. No additional test will be added to the previously submitted specimens except under exceptional circumstances. If additional tests are required, please submit another specimen and requisition.

Public Health Ontario's Laboratory

Customer Service Centre

Monday to Friday 7:30 am – 7:00 pm EST/EDT
Saturday 8:00 am – 3:45 pm EST/EDT

Tel.: 416-235-6556
Toll Free: 1-877-604-4567
Email: customerservicecentre@oahpp.ca
Website: www.publichealthontario.ca