

Date received yyyy / mm / dd	PHOL No.
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# Prenatal Screening Requisition

All sections of this form MUST be completed

<p><b>1 - Submitter</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: right;">Courier Code</p> <p>Provide Return Address:</p> <p style="text-align: center;">Name Address City &amp; Province Postal Code</p> </div> <p>Clinician Initial / Surname and OHIP / CPSO Number</p> <hr/> <p>Tel: _____ Fax: _____</p> <p><b>cc Doctor Information</b></p> <p>Name: _____ Tel: _____          Lab/Clinic Name: _____ Fax: _____          CPSO #: _____          Address: _____ Postal Code: _____</p>	<p><b>2 - Patient Information</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Health No.</td> <td style="width: 10%;">Sex</td> <td style="width: 50%;">Date of Birth: yyyy / mm / dd</td> </tr> <tr> <td colspan="2">Patient's Last Name (per OHIP card)</td> <td>First Name (per OHIP card)</td> </tr> <tr> <td colspan="3">Patient Address</td> </tr> <tr> <td colspan="3">Postal Code</td> </tr> <tr> <td colspan="3">Submitter Lab No.</td> </tr> </table> <p><b>Date Collected:</b></p> <p style="text-align: center; font-size: 1.2em;">yyyy / mm / dd</p>	Health No.	Sex	Date of Birth: yyyy / mm / dd	Patient's Last Name (per OHIP card)		First Name (per OHIP card)	Patient Address			Postal Code			Submitter Lab No.		
Health No.	Sex	Date of Birth: yyyy / mm / dd														
Patient's Last Name (per OHIP card)		First Name (per OHIP card)														
Patient Address																
Postal Code																
Submitter Lab No.																

**3 - Test(s) Requested**

(Please check appropriate boxes)

Hepatitis B Surface Antigen

Rubella  Rubella performed at other laboratory

Syphilis

HIV

One full red top or serum separator tube (SST) is sufficient for all tests.

HIV testing can also be ordered separately using the HIV serology requisition.

For other tests please use the appropriate Public Health Ontario Laboratory test requisition and submit a separate specimen.

**Laboratory Results** For laboratory use only

## Instructions for the Submission of Specimens for Prenatal Testing

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The Prenatal Testing Program includes the option of HIV testing, as recommended by the Ontario Advisory Committee on HIV/AIDS and the College of Physicians and Surgeons of Ontario. The requisition specifies tests for hepatitis B surface antigen, rubella and syphilis, and also have the option of selecting HIV testing.

1. Complete the Prenatal Screening requisition. Be sure to include the required patient information including surname, first name, address, city, postal code, HIN, date of birth, date specimen collected, and submitter's reference number.
2. Check the tests required.
3. Draw blood for Prenatal Screening. One full red top or serum separator tube (SST) is sufficient for all tests. If the patient is being referred to a laboratory for blood collection, ensure the completed Prenatal Screening requisition is forwarded to that laboratory.
4. Otherwise, submit the specimen and requisition to your local Public Health Ontario Laboratory for testing.
5. For other Prenatal inquires please contact the Customer Service Centre.

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### Public Health Ontario Laboratories

<b>Customer Service Centre</b> (7:30 am - 7:00 pm, Monday to Friday) (8:00 am - 3:45 pm, Saturday)	tel:	416.235.6556
	toll free:	1.877.604.4567
	fax:	416.235.6552
	email:	customerservicecentre@oahpp.ca

### Emergency After-Hours Duty Officer

tel:	416.605.3113
website:	<a href="http://www.publichealthontario.ca">www.publichealthontario.ca</a>