Public Santé Health Dublique Ontario Ontario

## HIV Serology HIV PCR Test Requisition

PHOL No.:

HIV PCR Test Requisition			ALL Sections of this form must be completed at every visit		
1- Submitter			2 - Patient Information		
Name Address City & Province Postal Code		Health Card No.:		Medical Record No.:	
		Date of Birth (yyyy/mm/dd):		M F TM* TF* nsfemale (M to F); nsmale (F to M)	
			Last Name:		First Name:
Submitter lab no. number (if applicable):					
Clinician initial / Surname and OHIP / CPSO No.:			Address:		
Telephone:	Fax:		City:		Postal Code:
cc Doctor / Qualified Health Care Provider Information			PHO study or program no. (if applicable):		
Name: Telephone:					
Lab / Clinic Name: Fax: (1999) 1999-1999			3 - Country of Birth:		
CPSO No.:			4 - Race Ethnicity (check all that apply)		
Address:		Postal Code:	White Black First Nations		Southeast / East Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian
6 - Specimen Details			Métis		descent; Chinese, Korean, Japanese, Taiwanese descent)
Collection date of specimen (yyyy/mm/dd):			Inuit		Arab / West Asian
Type of Whole blood Dried blood spot Serum specimen: (HIV PCR only) ACD / EDTA Plasma			South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)		(e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan) Latin American (e.g. Mexican, Central / South
Tests requested: HIV1 / HIV2 HIV PCR (for infant diagnosis ≤18 months)			American) Other, please specify:		
Comments:			5 - Risk Factors (check all that apply)		
7 - Reason for Test (check all that apply)			W Sex with women		Sex with a person who was
Routine	Prenatal		M Sex with men		known to be: H HIV-positive
Known to be HIV positive (repeat test)	Pre-e	xposure prophylaxis	<ul> <li>Injection drug use</li> <li>Born in an HIV-enden</li> </ul>	nio	1 Using injection drugs
Symptoms - acute seroconversion (e.g. flu-like illness, fever, rash)	Infant	exposure prophylaxis diagnosis ≤18 months	country (includes cou in sub-Saharian Africa the Caribbean)	ntries	2 Born in an HIV-endemic country (includes countries in sub-Saharian Africa and the Caribbean)
Symptoms - advanced disease / All		est; result: OS NEG Invalid	C Child of HIV+ mother		6 A bisexual male
Sexual assault Visa / immigration requirement	exual assault Other, please specify:		O Other, please specify:		
8 - Previous Test Information					
Last test result: Unknown			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 (21/03/23).		
Negative Indeterminate					
Positive (in Ontario)Previous PHOL sample no. (if available):Positive (outside Ontario)					

