SER

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Serology Screening Requisition

SER LM LABS

Section 1 - Patient Information and Physician Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	**DATE COLLECTED** (DD/MMM/YYYY)	**TIME COLLECTED** (HH:MM)	**ORDERING PHYSICIAN/HEALTHCARE PROVIDER** (Provide MSC#) Name and address of report delivery NOAKES MATERNITY CLINIC RICHMOND HOSPITAL 7000 WESTMINSTER HWY RICHMOND B.C. V6X 1A2 PH: 604-233-3222 FAX: 604-233-5620 ☐ **I do not require a copy of the report**
PATIENT SURNAME	**PATIENT FIRST AND MIDDLE NAME**		
DOB (DD/MMM/YYYY)	**GENDER** ☐ M ☐ F ☐ UNK		
ADDRESS			**ADDITIONAL COPIES TO:** (Address / MSC#) 1.
CITY / TOWN	**POSTAL CODE**		2.
SAMPLE REFERENCE NO.			3.

Section 2 - Clinical Information

Clinical Information

- ☐ Asymptomatic
- ☐ Gastrointestinal symptoms
- ☐ Headache / Stiff neck
- ☐ Respiratory symptoms
- ☐ Rash symptoms
- ☐ STI contact
- ☐ STI symptoms
- ☐ Fever
- ☐ Other, specify: _____

Reason for Test

- ☐ Therapeutic monitoring
- ☐ **NEEDLESTICK**
- ☐ Immigration
- ☐ Acute
- ☐ Convalescent
- ☑ Prenatal
- ☐ Outbreak/Cluster/Event
- ☐ Follow-up
- ☐ Other, specify: _____

Recent Travel (Date/Location)	**Onset Date** DD/MMM/YYYY	**History**

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING (PRENAT)

HIV	☑ HIVCC
HIV Non-Nominal Reporting	☐ HIVCC
HBsAg	☑ HBVP
Rubella IgG	☑ RUBEB
Syphilis Antibody	☑ TPE
Other Tests, specify:	
_____	
_____	

SYPHILIS (Non Prenatal)

Syphilis Antibody	☐ TPE

HIV (Non Prenatal)

Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting

HIV	☐ HIVCC
Non-Nominal Reporting Requested	☐ HIVCC

HEPATITIS

Acute - undefined etiology

HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM	☐ HEPSB

Chronic - undefined etiology

HBsAg, Anti-HBc Total Anti-HBs, Anti-HCV	☐ DHEPCH
Hepatitis B Screen HBsAg, Anti-HBs, Anti-HBc Total	☐ HBSAG

Specific Hepatitis Markers

Anti-hepatitis A Total (Immune Status)	☐ HAAT
Anti-hepatitis A IgM (Acute Infection)	☐ HAVMB
HBsAg Only	☐ HBVSA
Anti-HBs (Immune Status)	☐ HBSAB
HBeAg (Therapeutic Monitoring)	☐ HBXEA
Anti-HBe (Therapeutic Monitoring)	☐ HBXEB
Anti-HCV	☐ HEPCB

OTHER SEROLOGY

Immunity		Acute	
Measles IgG (Rubeola)	☐ MIGB	Measles IgM (Rubeola)	☐ MEASP
Mumps IgG	☐ MUIGB	Mumps IgM	☐ MUMPS
Parvo B19 IgG	☐ PARVGB	Parvo B19 IgM	☐ PARVP
Rubella IgG	☐ RUBEB	Rubella IgM	☐ RUBP
EBV IgG	☐ EBGSB	EBV IgM	☐ EBVSP
CMV IgG	☐ CMVIGB	CMV IgM	☐ CMVSP
Varicella IgG	☐ VZIGB	HTLV I / II	☐ HTLVB
HSV IgG	☐ HSVIGB	*H. pylori* IgG	☐ HELIB

OTHER TESTS (Specify)

COMMENTS

For other available tests and additional information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

For information on sample collection, please call the PHSA Client Services at 1-877-PHSALAB (1-877-747-2522)

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LABS

1 - Patient Information

2 - Clinical Information

Please fill in as completely as possible.

Note: For non-nominal HIV testing omit the patient's PHN

3 - Ordering Physician

4 - Additional Copies To:

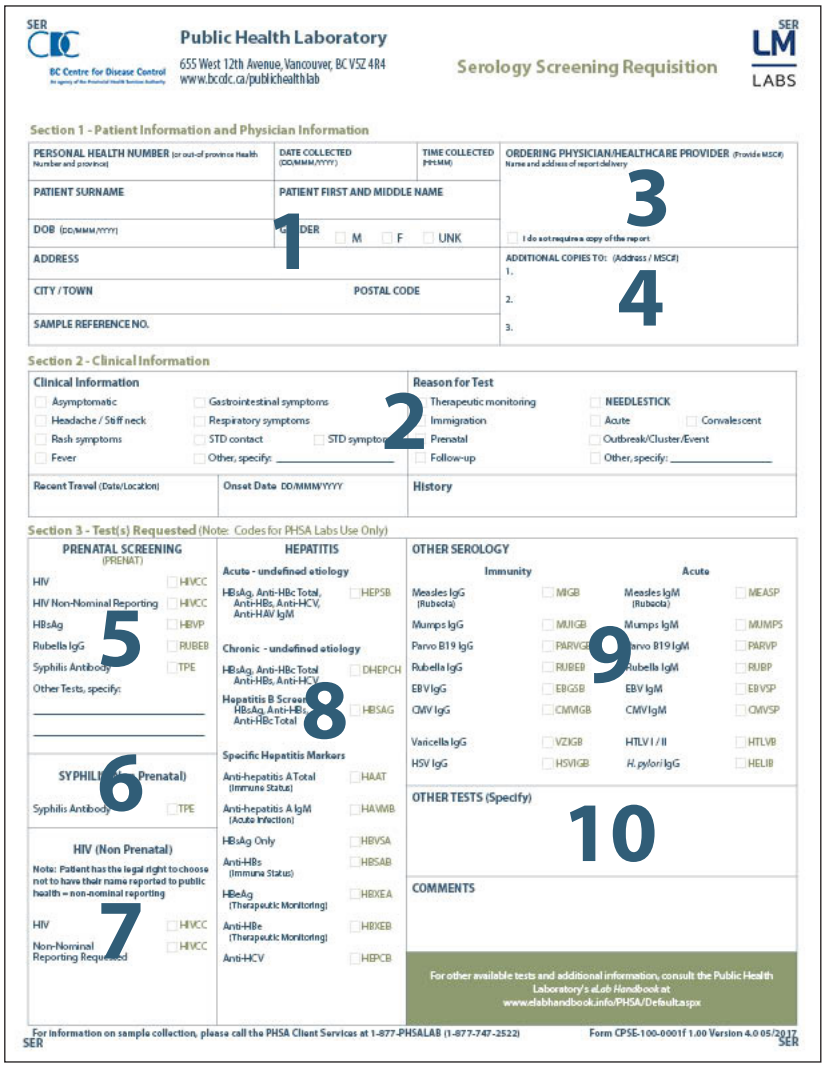
The Ordering Physician will receive one copy of the report. Each physician or client listed under Additional Copies To: will receive a copy of the report.

For physicians who work at more than one location, please provide an address for delivery.

5 - Prenatal Testing

Please provide 2 serum separator tubes

Note: Patient has the legal right to choose not to have their name reported to public health (Non-Nominal Reporting).



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1 3 4

Section 2 - Clinical Information

Clinical Information
Asymptomatic
Headache / Stiff neck
Rash symptoms
Fever
Gastrointestinal symptoms
Respiratory symptoms
STD contact
STD symptom
Other, specify:

Reason for Test
Therapeutic monitoring
Immigration
Prenatal
Follow-up
NEEDLESTICK
Acute
Convalescent
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Other, specify:

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Recent Travel (Date/Location)
Onset Date DD/MMM/YYYY
History

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING (PRENAT)
HIV
HIV Non-Nominal Reporting
HBsAg
Rubella IgG
Syphilis Antibody
Other Tests, specify:

5

SYPHILIS (Prenatal)
Syphilis Antibody

6

HIV (Non Prenatal)
Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting
HIV
Non-Nominal Reporting Requested

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HEPATITIS
Acute - undefined etiology
HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM
Chronic - undefined etiology
HBsAg, Anti-HBc Total Anti-HBs, Anti-HCV
Hepatitis B Screen HBsAg, Anti-HBs, Anti-HBc Total

8

Specific Hepatitis Markers
Anti-hepatitis A Total (Immune Status)
Anti-hepatitis A IgM (Acute Infection)
HBsAg Only
Anti-HBs (Immune Status)
HBeAg (Therapeutic Monitoring)
Anti-HBe (Therapeutic Monitoring)
Anti-HCV

OTHER SEROLOGY

Immunity		Acute	
Measles IgG (Rubeola)	MIGB	Measles IgM (Rubeola)	MEASP
Mumps IgG	MUIGB	Mumps IgM	MUMPS
Parvo B19 IgG	PARVIGB	Parvo B19 IgM	PARVP
Rubella IgG	RUBEB	Rubella IgM	RUBP
EBV IgG	EBGSB	EBV IgM	EBVSP
CMV IgG	CMVIGB	CMV IgM	CMVSP
Varicella IgG	VZIGB	HTLV I / II	HTLVB
HSV IgG	HSVIGB	*H. pylori* IgG	HELIB

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OTHER TESTS (Specify)

10

COMMENTS

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Form CPSE-100-0001f 1.00 Version 4.0 05/2017

6 - Syphilis Testing

Please provide 1 serum separator tube.

7- HIV Testing

8 - Hepatitis Testing

9 - Other Serology (except *H. pylori*)

For any combination of testing for HIV, Hepatitis and Other Serology (except *H. pylori*), please provide 1 serum separator tube.

- *H. pylori* Testing

Please provide 1 serum separator tube.

10 - Other Tests

Indicate all additional tests requested. Please consult eLab Handbook for specimen requirements.