

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 - www.phsa.ca/bccdrpublichealthlab

Serology Screening Requisition



1. Highlighted, no test frequency

HIV (Non Prenatal) Note: Patient has legal right to choose nominal or non-nominal reporting of Positive HIV to MHO	(Natural Infection) <input type="checkbox"/> HBC1	COMMENTS For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at www.phsa.ca/bccdrpublichealthlab
	Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM	
	HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HEBEAG	
	Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HEBEAB	
	Anti-HCV <input type="checkbox"/> HEPC	

Yeast Fungus Site: _____
 HIV SEROLOGY
 Date _____ Physician Signature _____
 Standing Order requests - expiry and frequency must be indicated

2. Pre-selected, no test frequency

HIV (Non Prenatal) Note: Patient has legal right to choose nominal or non-nominal reporting of Positive HIV to MHO HIV Nominal Reporting <input checked="" type="checkbox"/> HIV HIV Non-Nominal Reporting <input type="checkbox"/> HIV	(Natural Infection) <input type="checkbox"/> HBC1	COMMENTS For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at www.phsa.ca/bccdrpublichealthlab
	Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM	
	HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HEBEAG	
	Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HEBEAB	
	Anti-HCV <input type="checkbox"/> HEPC	

Nominal reporting Non-nominal reporting
 HIV SEROLOGY
 Date _____ Physician Signature _____
 Standing Order requests - expiry and frequency must be indicated

3. Highlighted and Pre-selected, no test frequency

HIV (Non Prenatal) Note: Patient has legal right to choose nominal or non-nominal reporting of Positive HIV to MHO	(Natural Infection) <input type="checkbox"/> HBC1	COMMENTS For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at www.phsa.ca/bccdrpublichealthlab
	Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM	
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	Anti-HCV <input type="checkbox"/> HEPC	

HIV SEROLOGY
 Date _____ Physician Signature _____
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4. Sticker w/ test frequency

HIV (Non Prenatal) Note: Patient has legal right to choose nominal or non-nominal reporting of Positive HIV to MHO HIV Nominal Reporting <input type="checkbox"/> HIV	(Natural Infection) <input type="checkbox"/> HBC1	COMMENTS <input type="checkbox"/> HIV Nominal <input type="checkbox"/> HIV Non-Nominal Freq: <input type="checkbox"/> Q3 <input type="checkbox"/> Q6 <input type="checkbox"/> Q12 Exp: _____
	Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM	
	HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HEBEAG	
	Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HEBEAB	
	Anti-HCV <input type="checkbox"/> HEPC	

HIV SEROLOGY
 Freq: Q3 Q6 Q12 Exp: _____
 Date _____ Physician Signature _____
 Standing Order requests - expiry and frequency must be indicated

5. Pre-printed or Photocopied w/ test frequency

HIV (Non Prenatal) Note: Patient has legal right to choose nominal or non-nominal reporting of Positive HIV to MHO HIV Nominal Reporting <input type="checkbox"/> HIV	(Natural Infection) <input type="checkbox"/> HBC1	COMMENTS <input type="checkbox"/> HIV Nominal <input type="checkbox"/> HIV Non-Nominal Freq: <input type="checkbox"/> Q3 <input type="checkbox"/> Q6 <input type="checkbox"/> Q12 Exp: _____
	Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM	
	HBeAg (Therapeutic Monitoring) <input type="checkbox"/> HEBEAG	
	Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HEBEAB	
	Anti-HCV <input type="checkbox"/> HEPC	

HIV SEROLOGY
 HIV Nominal HIV Non-Nominal
 Freq: Q3 Q6 Q12 Exp: _____
 Date _____ Physician Signature _____
 Standing Order requests - expiry and frequency must be indicated