

Public Health Laboratory Test Requisition
Fully Complete sections 1 & 2

Patient Information

1 Health Card no. / HRN	Date of Birth yyyy / mm / dd	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Surname	First Name	Initial
Address		
Senders Lab No.		

2 Physician/Referring Laboratory

Agency ID _____ Courier Code _____

Provide: Submitter's name _____
Return address _____
City & Province _____
Postal Code _____

Physician ID _____ Telephone () _____ Fax () _____

Complete sections 3 through 6 as applicable

3 Test(s) Requested (please see test codes on reverse)

4 Specimen type and site

Date Collected Acute yyyy / mm / dd Convalescent yyyy / mm / dd

5 Reason for test

to diagnose disease immigration requirement
 to determine immune status Prenatal
 Other - Please specify plus Rubella

6 Clinical Information

Diarrhea Gastroenteritis Rash STD
 Fever Headache/Stiff neck Respiratory symptoms Symptomatic
 Asymptomatic

Recent travel: _____
Other - Please specify _____

Onset Date
_____ yyyy / mm / dd

Comments Stat - Telephone # () _____

Laboratory Result

For laboratory use only

Further report to follow

Date reported: _____ Checked by: _____ Specimen(s) transferred to: _____ Date transferred: _____