

Prenatal Screening Requisition

Date received

OPHL No.

yyyy / mm / dd

1 - Submitter

Courier Code

Provide Return Address:

 Name
 Address
 City & Province
 Postal Code

Clinician Name and ID Number

Tel:

Fax:

2 - Patient Information

Health No. / HRN

Sex

Date of Birth:

yyyy / mm / dd

Patient's Last Name (per OHIP card)

First Name (per OHIP card)

Patient Address

Submitter Lab No.

3 - Test(s) Requested

 (Please check appropriate boxes)

 Hepatitis B Surface Antigen

 Rubella

 Rubella done at other laboratory

 Syphilis

 HIV

Two full red top or SST tubes are sufficient for all tests

HIV testing can also be ordered separately using the HIV serology requisition or at any designated anonymous test site.

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

Laboratory Results

For laboratory use only