

## STI Test Requisition (Bacteriology)

Scanning Label or Accession # *(lab only)*

**ProvLab - Calgary Phone 403.944.1200      Edmonton Phone 780.407.7121**

<b>Patient</b>	PHN		Expiry: _____		Date of Birth <i>(dd-Mon-yyyy)</i>	
	Legal Last Name			Legal First Name		Middle Name
	Alternate Identifier		Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
	Address		City/Town		Prov	Postal Code
<b>Provider(s)</b>	Authorizing Provider Name <i>(last, first, middle)</i>				Copy to Name <i>(last, first, middle)</i>	Copy to Name <i>(last, first, middle)</i>
	Address		Phone	Address	Address	
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone	
	Clinic Name				Clinic Name	Clinic Name
<b>Collection</b>	Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>	Location		Collector ID

Request test below by **marking X** in appropriate box and column

Site	Neisseria gonorrhoeae Culture <b>LAB235</b>	Chlamydia and Gonorrhea Screen (NAAT) <b>LAB1376</b>
<b>Urine</b>	<i>Not applicable</i>	<input type="checkbox"/> <i>Lab place label here</i>
<b>Cervix(Cx)</b> <input type="checkbox"/> Test of Cure	<input type="checkbox"/> <i>Lab place label here</i>	<input type="checkbox"/> <i>Lab place label here</i>
<b>Throat (T)</b> <input type="checkbox"/> Test of Cure	<input type="checkbox"/> <i>Lab place label here</i>	<input type="checkbox"/> <i>Lab place label here</i>
<b>Rectal (R)</b> <input type="checkbox"/> Test of Cure	<input type="checkbox"/> <i>Lab place label here</i>	<input type="checkbox"/> <i>Lab place label here</i>
<b>Urethra (U)</b> <input type="checkbox"/> Test of Cure	<input type="checkbox"/> <i>Lab place label here</i>	<input type="checkbox"/> <i>Lab place label here</i>
<b>Eye (E)</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Test of Cure	<input type="checkbox"/> <i>Lab place label here</i>	<input type="checkbox"/> <i>Lab place label here</i>
<b>Vagina</b> <input type="checkbox"/> Test of Cure	<input type="checkbox"/> <i>Lab place label here</i>	<input type="checkbox"/> <i>Lab place label here</i>
	<input type="checkbox"/> Vaginitis Screen (Bacterial Vaginosis, vaginal candidiasis, Trichomonas vaginalis) <b>LAB4055</b>	
<input type="checkbox"/> Trichomonas vaginalis screen (NAAT) <b>LAB1380</b> <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Urine		Other test _____ Specimen Type/Site _____ Hx _____

## STI Test Requisition (Virology)

Scanning Label or Accession # *(lab only)*

**ProvLab - Calgary Phone 403.944.1200**      **Edmonton Phone 780.407.7121**

<b>Patient</b>	PHN _____		Date of Birth <i>(dd-Mon-yyyy)</i>		
	Expiry: _____				
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
Address		City/Town		Prov	Postal Code
<b>Provider(s)</b>	Authorizing Provider Name <i>(last, first, middle)</i>			Copy to Name <i>(last, first, middle)</i>	Copy to Name <i>(last, first, middle)</i>
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
	Clinic Name			Clinic Name	Clinic Name
<b>Collection</b>	Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location	Collector ID	

Request test below by **marking X** in appropriate box and column

<b>Site</b>	Alphaherpes Virus Panel NAT (HSV/VZV PCR) <i>(swab in UTM)</i> <b>LAB917</b>	<b>Site</b>	Treponema pallidum NAT (Syphilis PCR- swab <i>in UTM)</i> <b>LAB4162</b>
<b>Lesion Specify Site:</b>	<input type="checkbox"/> <i>Lab place label here</i>	<b>Lesion Specify Site:</b>	<input type="checkbox"/> <i>Lab place label here</i>
<b>Cervix(Cx)</b>	<input type="checkbox"/> <i>Lab place label here</i>	<b>Site</b>	Keratitis/Conjunctivitis NAT Panel (HSV/Adeno- virus/Enterovirus PCR) <i>(swab in UTM)</i> <b>LAB4156</b>
<b>Urethra (U)</b>	<input type="checkbox"/> <i>Lab place label here</i>	<b>Eye (E) (Left)</b>	<input type="checkbox"/> <i>Lab place label here</i>
		<b>Eye (E) (Right)</b>	<input type="checkbox"/> <i>Lab place label here</i>

**Other Test**

Type of Test	Specimen type/site	History
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**Serology - Blood (Serum Separator Tube (SST))**

<input type="checkbox"/> Hepatitis A Immunity Serology- IgG <b>LAB6014</b> <input type="checkbox"/> Hepatitis B Surface Antigen <b>LAB471</b> <input type="checkbox"/> Hepatitis B Surface Antibody <b>LAB472</b> <input type="checkbox"/> Hepatitis B Core Antibody, Total <b>LAB1242</b> <input type="checkbox"/> Hepatitis C Virus Serology <b>LAB868</b> <input type="checkbox"/> Other Serology: _____	<input type="checkbox"/> HIV 1 NAT <b>LAB919</b>  <input type="checkbox"/> HCV NAT <b>LAB1834</b> Date previous positive or indeterminate _____	<p><i>Place Lab Accession Label here</i></p>
<input type="checkbox"/> <b>Syphilis Screen LAB1197</b> Previous Syphilis test <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Never Done <input type="checkbox"/> Unknown Received treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> <b>HIV 1 and 2 Serology LAB473</b> Previous HIV Test <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Never Done <input type="checkbox"/> Unknown		
Lab Accession # _____ OR Date of previous test _____		