

Blood and Body Fluid Exposure Testing Requisition



Provincial Laboratory for Public Health

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Scanning Label or Accession # (lab only)

Patient	PHN		Date of Birth (dd-Mon-yyyy)					
	Expiry: _____							
	Legal Last Name		Legal First Name				Alternate Identifier	
	Middle Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X Non-binary/Prefer not to disclose				Phone	
Address			City/Town		Prov	Postal Code		
Provider(s)	Authorizing Provider Name (last, first, middle)			Copy to Name (last, first, middle)		Copy to Name (last, first, middle)		
	Address		Phone	Address		Address		
	CC Provider ID	CC Submitter ID	Legacy ID	Phone		Phone		
	Clinic Name			Clinic Name		Clinic Name		
Collection		Date (dd-Mon-yyyy)	Time (24 hr)	Location		Collector ID		
Specimen	<input type="checkbox"/> Blood	Date Collected (yyyy-Mon-dd)	Time (24 hr)	Location	Collector ID	EI or AHS/CH Case #		
	<input type="checkbox"/> AHS Occupational Exposure, lab calls 1-855-450-3619 with HIVAB rapid results					<input type="checkbox"/> Community member		
Recommended	At Exposure							
	<input type="checkbox"/> Source person (BBFE) – draw ASAP / STAT HIV antibody rapid test (if available)* HIV antibody HCV antibody Hepatitis B surface antigen Hepatitis B surface antibody Adult: Collect one - 5 mL in a serum separator tube Child: Collect one - 2 mL in a serum separator tube *Collect additional one - 5 mL in serum separator tube for rapid HIV testing			<input type="checkbox"/> Recipient/Exposed Person (BBFE) HIV antibody HCV antibody Hepatitis B surface antigen Hepatitis B surface antibody Adult: Collect one - 5 mL in a serum separator tube Child: Collect one - 2 mL in a serum separator tube				
	Recipient/Exposed Person: 4 - 6 week follow-up (check all that apply)							
	<input type="checkbox"/> HIV antibody (HIVAB) Test when source is HIV positive, or unknown Collect one – 5 mL in a serum separator tube			<input type="checkbox"/> HCV PCR (HCVRNA) (≥ 6 weeks) Test when source is HCV positive, or unknown Collect two – 5 mL in an EDTA or serum separator tube				
ONLY as needed	Recipient/Exposed Person: 12 week follow-up (check all that apply)							
	<input type="checkbox"/> HIV antibody (HIVAB) Test when source is HIV positive, or unknown Collect one – 5 mL in a serum separator tube							
	HBV Susceptible Recipient/Exposed Person: 1 - 6 months after exposure even if HBV prophylaxis was given (check all that apply)							
To rule out Hepatitis B infection after exposure (6 months): <input type="checkbox"/> Hepatitis B core total antibody (anti-HBc) (Date) _____ <input type="checkbox"/> Hepatitis B surface antigen (HBsAg) (Date) _____ Collect one – 5 mL in a serum separator tube			Hepatitis B immunity after vaccine (1-6 months): <input type="checkbox"/> Hepatitis B surface antibody (anti-HBs)(Date) _____ Collect one – 5 mL in a serum separator tube					
Special	Special Scenarios							
	When HIV seroconverting illness is strongly suspected in the source OR if source is known HIV positive: <input type="checkbox"/> HIV VL - Collect one – 5 mL in an EDTA tube							
	When source is known to be HCV antibody positive: <input type="checkbox"/> HCV PCR (HCVRNA) - Collect two – 5 mL in an EDTA or serum separator tube							
	Testing for infant (less than 18 months of age) Collect one 2 ml in EDTA tube for each test selected <input type="checkbox"/> HBV PCR (HBVDNA) <input type="checkbox"/> HCV PCR (HCVRNA) <input type="checkbox"/> HIV PCR (HIVQUAL)							
Test recipient 6 months post-exposure if source is 1) co-infected with HCV and HIV; 2) HIV-2 positive; OR 3) if recipient HIV PEP prescription extended greater than 28 days <input type="checkbox"/> HIV antibody (HIVAB) Collect one – 5 mL in a serum separator tube								