

## Prenatal Communicable Diseases Test Requisition

Edmonton Site 8440-112 St. T6G 2J2  
Phone 780.407.7121 Fax 780.407.3864  
**Virologist/Microbiologist-on-call 780.407.8822**

Calgary Site 3030 Hospital Dr. NW T2N 4W4  
Phone 403.944.1200 403.27032216  
**Virologist/Microbiologist-on-call 403.944.1200**

Scanning Label or Accession # *(lab only)*

- Use this requisition when ordering any prenatal communicable disease testing listed below
- For further information on ordering and testing criteria refer to the APL Test and Collection Resources and the APL website at [www.albertaprecisionlabs.ca](http://www.albertaprecisionlabs.ca)

<b>Patient</b>	PHN _____ Expiry: _____		Date of Birth <i>(dd-Mon-yyyy)</i>				
	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	
<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	
<b>Specimen</b>	<input type="checkbox"/> Blood <input type="checkbox"/> Other _____		Date <i>(yyyy-Mon-dd)</i>	Time <i>(24 hs)</i>	Location		Collector ID
<b>Pregnancy Hx</b>	Name of Delivery Hospital				Expected Date of Delivery		
	Last Menstrual Period			Gravida		Para	
<b>Recommended</b>	<b>First Trimester – Universal Prenatal Communicable Disease Screening**</b>			<b>Rescreening**</b>		<b>At Delivery</b>	
	<input type="checkbox"/> <b>Prenatal Panel</b> Hepatitis B surface antigen Syphilis HIV antibody Rubella IgG Varicella IgG HCV antibody * Collect 5 mL serum separator tube Comments _____					<input type="checkbox"/> <b>Syphilis Rescreen</b>  Collect 5 mL serum separator tube	
<b>Optional</b>				<input type="checkbox"/> <b>Syphilis Rescreen</b> <i>Rescreening is not required until delivery, but should be performed for special patient populations</i> Collect 5 mL serum separator tube			

**\*\*PRENATAL GUIDELINE RECOMMENDATIONS for Chlamydia and Gonorrhea Screening:**

1. First Trimester Universal Screening for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* is recommended
2. Third Trimester Rescreening for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* is recommended only for select patient populations (35-37 weeks)

**Submit specimens using local processes and requisition for Chlamydia/Gonorrhea**

**It is recommended that all prenatal women are tested for communicable diseases during their pregnancy. Forward specimens and this requisition to the Public Health Laboratory (ProvLab) for testing.**

\*HCV antibody will be performed automatically between March 2, 2020 to March 1, 2022 as part of a pilot study