

## Prenatal Infectious Disease Panel

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 Fax 403.270.2216  
**Virologist/Microbiologist-on-call 403.944.1200**

- Use this requisition when ordering any prenatal infectious disease testing listed below
- Refer to APL Test Directory for additional information:  
<http://ahsweb.ca/lab/apl-td-lab-test-directory>

Scanning Label or Accession # *(lab only)*

<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"/> Female <input type="checkbox"/> Non-binary <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		
<b>Specimen</b>	<input type="checkbox"/> Blood					
<b>Pregnancy Hx</b>	Name of Delivery Hospital			<b>Expected Date of Delivery <i>(mandatory)</i></b>		
	Last Menstrual Period		Gravida	Para		
<b>Recommended</b>	<b>First Trimester – Prenatal Communicable Disease Screening**</b>		<b>Rescreening**</b>		<b>At Delivery</b>	
	<input type="checkbox"/> <b>Prenatal Panel (LAB550)</b> Hepatitis B surface antigen Syphilis HIV antibody Rubella IgG Varicella IgG HCV antibody Collect 5 mL serum separator tube				<input type="checkbox"/> <b>Syphilis Rescreen (LAB3774)</b>  Collect 5 mL serum separator tube	
<b>Optional</b>			<input type="checkbox"/> <b>Syphilis Rescreen (LAB3774)</b> <i>Rescreening is not required until delivery, but should be performed for patients at risk for sexually transmitted infections.</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 for patients at risk for sexually transmitted infections (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.**