

Rapid HIV Antibody Requisition

Alberta Precision Laboratories 1-877-868-6848
For detailed testing information refer to **APL Test Directory**
<http://ahsweb.ca/lab/apl-td-lab-test-directory>

Scanning Label or Accession # *(lab only)*

Patient	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"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town	Prov	Postal Code
Provider(s)	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
Collection	Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location	Collector ID	

Use **Provincial Blood and Body Fluid Exposure Requisition #21150** for exposed employees and non-urgent source testing

Use **APL General Laboratory Requisition #21302** for routine HIV testing.

HIV Serology by Rapid Assay

- HIV status is UNKNOWN
- required STAT.

Select the appropriate indication(s) for testing - requests without an indication will be canceled. *(AHS Occupational Exposure, lab calls results to 1-855-450-3619)*

Female in labor and delivery with no recent HIV testing and ongoing risk behaviors.

Acutely ill patient with HIV in the differential diagnosis.

Source patient of blood and body fluid exposure only if required stat.

Person with HIV risk behaviors, unlikely to return for results.

CSART Non-Occupational

SART Non-Occupational

Other *(specify reason)*

Notification of exposure results to *(specify)*