

MICROBIOLOGY SEROLOGY REQUEST FORM (2021)

Provincial Clinical Laboratory

Website: <https://src.healthpei.ca/microbiology>

Address for Non-PEI Residents Required

Name: _____

Street: **Place Label Here**

City: _____ Prov./State: _____

Postal Code/Zip: _____ Patient Phone # _____

Specimen Collected	Payment Responsibility
By: Date: YYYY/MM/DD Time: HH:MM	<input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medicare # exp. date: _____

Clinical Diagnosis	DOB: MMM-DD-YYYY	Sex	Medical Record Number (MRN)
Ordering Physician/NP FIRST & LAST NAME	Location	Copies (Full name required. Fax# required for out of province providers)	

INFECTIOUS DISEASE SEROLOGY (Collect MAX: 3-4 Red /SST Tubes)

Note: HCV Viral Load requires 2 dedicated full large Red / SST Tubes

VIRAL BLOOD SEROLOGY				SEROLOGY PANELS	
	Immunity	Infection	Management		
Hepatitis B	<input type="checkbox"/> HBV Antibody	<input type="checkbox"/> HBV Total core Antibody <input type="checkbox"/> HBV Antigen	<input type="checkbox"/> HBV Viral Load <input type="checkbox"/> HBeAg	<input type="checkbox"/> Needlestick Exposed = HBsAg, HBcAb, HCV and HIV <input type="checkbox"/> Needlestick Follow Up (>=3 Mon)= HBsAg, HBsAb, HCV and HIV <input type="checkbox"/> Needlestick Source = HBsAg, HCV and HIV "Page Micro" <input type="checkbox"/> Prenatal Serology = HBsAg, HIV, Rubella IgG and Syphilis <input type="checkbox"/> Arbovirus Serology = Zika*, Dengue & Chikungunya	
Hepatitis C		<input type="checkbox"/> HCV Antibody	<input type="checkbox"/> HCV Viral Load <input type="checkbox"/> HCV Genotype	*Information Required for Zika Testing: Pregnant: <input type="checkbox"/> IVF Treatment: <input type="checkbox"/> Travel Date(s): _____ Travel Location(s): _____ Symptoms: _____	
Hepatitis A	Not Required	<input type="checkbox"/> HAV IgM <input type="checkbox"/> HAV IgG		BACTERIA / GENERAL SEROLOGY <input type="checkbox"/> Syphilis Screen <input type="checkbox"/> Mycoplasma IgM Antibody (PCR available) <input type="checkbox"/> Lyme Disease Serology Travel Date(s): _____ Travel Location(s): _____ Tick Bite Duration: <input type="checkbox"/> <36 hrs <input type="checkbox"/> > 36 hrs <input type="checkbox"/> unknown Clinical features suggestive of Lyme disease: _____	
HIV		<input type="checkbox"/> HIV Ag/Ab	<input type="checkbox"/> HIV Viral Load (EDTA Tube)		
CMV	<input type="checkbox"/> IgG	<input type="checkbox"/> IgM	<input type="checkbox"/> CMV Viral Load (EDTA Tube)		
EBV	<input type="checkbox"/> EBV Screen & reflex testing				
HTLV I & II	<input type="checkbox"/> IgG (limited to renal and transplant patients)			BLOOD CULTURES <input type="checkbox"/> Suspected endocarditis <input type="checkbox"/> Routine Culture Set <input type="checkbox"/> Peripheral: Specify site _____ <input type="checkbox"/> Mycobacterium <input type="checkbox"/> Central Line: Specify type & Lumen _____ <input type="checkbox"/> Fungal other than yeast <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Paediatric	
VIRAL EXANTHEMA					
Immunity	Infection				
<input type="checkbox"/> Measles IgG	<input type="checkbox"/> Measles IgM (PCR preferred)				
<input type="checkbox"/> Mumps IgG	<input type="checkbox"/> Mumps IgM (See PCR)				
<input type="checkbox"/> Rubella IgG	<input type="checkbox"/> Rubella IgM				
<input type="checkbox"/> Varicella zoster IgG	<input type="checkbox"/> Varicella zoster IgM (PCR recommended)				
<input type="checkbox"/> Parvovirus B19 IgG	<input type="checkbox"/> Parvovirus B19 IgM				
BACTERIAL IMMUNOLOGY (Requires Paediatrician or Allergist Approval)				Special Requests (please see guide to services for full lists of tests)	
<input type="checkbox"/> Tetanus Toxoid	<input type="checkbox"/> <i>Streptococcus pneumoniae</i>				
<input type="checkbox"/> Diphtheria Toxoid					
FUNGAL BLOOD TESTING					
<input type="checkbox"/> Beta-D-Glucan	<input type="checkbox"/> Galactomannan				
PARASITE SEROLOGY					
<input type="checkbox"/> Strongyloidiasis Serology	<input type="checkbox"/> Schistosomiasis Serology				
<input type="checkbox"/> Toxoplasma IgG	<input type="checkbox"/> Toxoplasma IgM				
<p>Note: Mycobacterium blood testing (IGRA) is available by appointment only at QEH or PCH due to special handling.</p>					

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