

# Prenatal Screening Requisition

Date received yyyy / mm / dd	PHOL No.
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### 1 - Submitter

Courier Code
Provide Return Address:  Name Address City & Province Postal Code
Clinician Name and ID Number
Tel: _____ Fax: _____

### 2 - Patient Information

Health No. / HRN	Sex	Date of Birth: yyyy / mm / dd
Patient's Last Name (per OHIP card)		First Name (per OHIP card)
Patient Address _____ _____ _____ Postal Code (     -     )		
Submitter Lab No.		

### 3 - Test(s) Requested

(Please check appropriate boxes)

Hepatitis B Surface Antigen

Rubella  Rubella performed at other laboratory

Syphilis

HIV

Two full red top or SST tubes are sufficient for all tests  
HIV testing can also be ordered separately using the HIV serology requisition.  
For other tests please use the appropriate Public Health Laboratory test requisition and submit a separate specimen.

### Laboratory Results

For laboratory use only

## Instructions for the Submission of Specimens for Prenatal Testing

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The Prenatal Testing Program includes the option of HIV testing, as recommended by the Ontario Advisory Committee on HIV/AIDS and the College of Physicians and Surgeons of Ontario. The requisition specifics tests for hepatitis B surface antigen, rubella and syphilis, and also have the option of selecting HIV testing.

1. Complete the Prenatal Screening requisition. Be sure to include the required patient information including surname, first name, address, city, postal code, HIN, date of birth, date specimen collected, and submitter's reference number.
2. Check the tests required.
3. Draw blood for Prenatal Screening. Two full red top or SST tubes are sufficient for all four tests. If the patient is being referred to a laboratory for blood collection, ensure the completed Prenatal Screening requisition is forwarded to that laboratory.
4. Otherwise, submit the specimen and requisition to your local Public Health Laboratory for testing.
5. For other Prenatal inquiries please contact the Customer Service Centre.

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### Public Health Ontario Laboratories

<b>Customer Service Centre</b> (7:30 am - 7:00 pm, Monday to Friday) (8:00 am - 3:45 pm, Saturday)	tel:	416.235.6556
	toll free:	1.877.604.4567
	fax:	416.235.6552
	email:	customerservicecentre@oahpp.ca

<b>Emergency After-Hours Duty Officer</b>	tel:	416.605.3113
	website:	<a href="http://www.publichealthontario.ca">www.publichealthontario.ca</a>