Ontario

Ministry of Health

Laboratory Requisition

Pursuant to the Mandatory Blood Testing Act, 2006 and O. Reg. 449/07

MOH File Number

Collection of the information on this form is for the determination of an application under the *Mandatory Blood Testing Act, 2006*, requesting or ordering a respondent to give a blood sample to be tested for a listed communicable disease. The authority for collection and use of this information is the *Mandatory Blood Testing Act, 2006*.

A. To be completed by the respondent

Respondent

Last Name	First Name	Date of Birth (yyyy/mm/dd)

Address

Unit Number	Street Number	Street Name	RR

City/Town	Province	Postal Code	Telephone Number
	Ontario		

Respondent's Physician/Nurse Practitioner (optional)

Last Name	First Name

Address

Unit Number	Street Number	Street Name	RR

City/Town	Province	Postal Code
	Ontario	

Telephone Number ext.	Fax (if applicable)

Medical Officer of Health (where the respondent lives)

Last Name	First Name

Address

Unit Number	Street Number	Street Name	RR

City/Town	Province	Postal Code
	Ontario	

Telephone Number ext.	Fax Number	Date of Exposure (yyyy/mm/dd)

B. To be completed by the physician/nurse practitioner ordering the blood tests or ordered on the authority of the Consent and Capacity Board (CCB)

CCB order dated (yyyy/mm/dd)	CCB file number

Tests Requested (STAT)

☐ HIV ☐ HBs Ag ☐ Anti-HCV

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Name of Physician or Nurse Practitioner

Last Name	First Name
Title/Affiliation	CPSO# or CNO#

Address

Unit Number	Street Number	Street Name	RR

City/Town	Province Ontario	Postal Code	Telephone Number

	Date (yyyy/mm/dd)

C. To be completed by the person authorized to take or collect the blood sample under the MBTA

Date Specimen was collected (yyyy/mm/dd)

Complete the Checklist

(Should 'NO' be selected for any items, testing maybe cancelled)

Photo identification or two other pieces of identification with name and signature or date of birth produced, or identity is verified by a person who is familiar with the respondent

☐Yes ☐No

Identification inspected and verified

☐Yes ☐No

Vacutainers of whole blood collected

☐Yes ☐No

Each vacutainer labelled with respondent's name, date of birth and date on which the sample was collected

☐Yes ☐No

Unique identifier affixed to the requisition

☐Yes ☐No

Vacutainers placed in biohazard bag and biohazard bags/tubes sealed in a matter that ensure tamper proofing

☐Yes ☐No

Ship as per Transportation of Dangerous Goods Act (TDG)

☐Yes ☐No

Wrote your name, signed and dated the requisition

☐Yes ☐No

Copy of completed laboratory requisition retained for records

☐Yes ☐No

Copy of the completed laboratory requisition provided to the respondent

☐Yes ☐No

Medical Officer of Health in the health unit in the area where the respondent resides notified

☐Yes ☐No

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If no to any of above, please explain

Person authorized to take the blood sample under the MBTA and Organization

Last Name	First Name

Organization

Title/Affiliation	Licence Number (if applicable)

Address

Unit Number	Street Number	Street Name	RR

City/Town	Province	Postal Code	Telephone Number
	Ontario		

Date (yyyy/mm/dd)

Courier the completed form and sample to a Public Health Ontario Laboratory (PHOL)

Public Health Ontario (PHO) Laboratory – Hamilton
P.O. Box 2100, Hamilton, ON L8N 3R5

Public Health Ontario (PHO) Laboratory – Kingston
P.O. Box 240, Kingston, ON K7L 4V8

Public Health Ontario (PHO) Laboratory – London
102-1200 - Commissioners Rd. E., London, ON N5Z 4R3

Public Health Ontario (PHO) Laboratory – Orillia
P.O. Box 600, Orillia, ON L3V OT7

Public Health Ontario (PHO) Laboratory – Ottawa
2380 St. Laurent Boulevard, Ottawa, ON K1G 6C4

Public Health Ontario (PHO) Laboratory – Peterborough
P.O. Box 265, Peterborough, ON K9J 6Y8

Public Health Ontario (PHO) Laboratory – Sault Ste. Marie
160 McDougald St, Sault Ste. Marie, ON P6A 3A8

Public Health Ontario (PHO) Laboratory – Sudbury
1300 Paris Street, Suite 2, Sudbury, ON P3E 6H3

Public Health Ontario (PHO) Laboratory – Thunder Bay
336 South Syndicate Avenue, Thunder Bay, ON P7E 1E3

Public Health Ontario (PHO) Laboratory – Timmins
67 Wilson Avenue, Timmins, ON P4N 2S5

Public Health Ontario (PHO) Laboratory – Toronto
661 University Avenue, Toronto ON M5G 1M1

To be completed by Public Health Ontario Laboratory (PHOL)		
Date Received (yyyy/mm/dd)	PHO Laboratory Number	
Samples are acceptable for testing ☐Yes ☐No	Specimen tested ☐Yes ☐No	
Last Name	First Name	Telephone Number
Comments		
Signature		Date (yyyy/mm/dd)