

## On Demand STI Testing

This requisition is for use at IH labs in the following communities only: Lillooet, Cranbrook, Creston, Elkford, Fernie, Sparwood, Golden and Invermere.

The population Health On-Demand Screening Program was developed in order to increase access to testing for persons without a health care provider, at increased risk for infections, or other personal reasons.

**Shaded fields must be completed to avoid delays in specimen collection and patient processing.**

Bill to MSP

Surname of Patient		First Name of Patient		Ordering Physician: Address, MSP Practitioner Number	
				Dr. Jonathan Malo #35635	
DOB (dd/mm/yyyy)	Personal Health Number	Gender	Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N		
				Vernon Health Unit	
				T2 - 1440 14 Ave	
				Vernon, B.C. V1B 2T1	
Patient Phone (Primary/Cell)		Patient Phone (Other)		Ph: 866-778-7736 Fax: 250-549-6310	
				Copy to Family Physician, Address, Phone/Fax and MSP Practitioner Number	
Patient Address					
City/Town		Province	Postal Code		

- HIV Serology, Nominal Reporting**
- Syphilis Antibody (TPE)**
- Urine Chlamydia / GC NAAT**

**Patient to (tick ✓) any additional tests: (The following tests are available only at the locations listed above)**

- Throat Swab (self-collected) Chlamydia / GC NAAT
- Rectal Swab (self-collected) Chlamydia / GC NAAT
- Vaginal Swab (self-collected) Chlamydia / GC NAAT

### Patient Declaration

I am the person identified on this requisition.

I have read and understand the On Demand STI Testing Patient Information sheet and consent to testing.

I understand that my family physician will get a copy of the report.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### IH Laboratory Use only:

- Practitioner signature not required with this requisition.
- Create a new, separate REF account to register the patient and order tests.
- This requisition is not to be used for non-nominal requests. Refer to CS 0082.

Phlebotomist	Date of Collection	Time of Collection
Telephone Requisition Received By (Employee)	Date	Time

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.