

On Demand STI Testing

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.

This Lab Requisition is only for use in Interior Health.

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	Vernon Health Unit	
			<input type="checkbox"/> Y <input type="checkbox"/> N	T2 - 1440 14 Ave	
Patient Phone (Primary / Cell)		Patient Phone (Other)		Vernon, B.C. V1B 2T1	
				Ph: 866-778-7736 Fax: 250-549-6310	
Patient Address				Copy to Family Physician, Address, Phone / Fax and MSP Practitioner Number	
				Copy to: Population Health SRH MST	
				IH Code: X.VERPHSRM	
				T2 1440 14th Ave, Vernon, B.C. V1B 2T1	
				Ph: 866-778-7736 Fax: 250-549-6310	
City / Town	Province	Postal Code		Excelleris: C14502	

☒ **HIV Serology, Nominal Reporting**

☒ **Syphilis Antibody (TPE)**

☒ **Urine Chlamydia / GC NAAT**

Patient to (tick ✓) any additional tests:

☐ 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.
- Patients without MSP are eligible for testing.

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.

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