Interior Health

LABORATORY REQUISITION

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 at laboratories in the Interior Health region.

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 Vernon Health Unit T2 - 1440 14 Ave Vernon, B.C. V1B 2T1 Ph: 866-778-7736 Fax: 250-549-6310

DOB (dd / mm / yyyy)	Personal Health Number	Sex	Pregnant
		☐ M ☐ F ☐ X ☐ Unk	☐ Y ☐ N

Patient Phone (Primary / Cell)	Patient Phone (Other)

Patient Address

City / Town	Province	Postal Code

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
Excelleris: C14502

☑ **HIV Serology**
☑ **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:

- Create a new, separate REF account to register the patient and order tests.
- On Demand testing is available at no charge to all patients, with or without MSP coverage.

Collector	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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