

The form only provides consent for testing on _____ (date) at _____ (location)

Name of Ordering Provider: _____

Name of Testing Site: _____

Client Information

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Preferred Name: _____ Date of Birth: _____

Personal Health Number: _____

It is helpful to include your PHN on the lab requisition in order to link your test results to link your electronic medical records. If you don't have a Care Card or other document with your PHN on it, we will look it up for you.

- I am aware that a member of the sample collection team or Regional Communicable Disease Team will look up my PHN and add it to my lab requisition

Testing and Follow-up:

I would like to be tested for: _____ Syphilis _____ HIV _____ Hepatitis C (Indicate with 1-3 for preferred test to be completed in case there is not enough sample to complete all tests, with 1=most preferred, 3=least preferred)

Contact Information

If there are any lab results that require follow-up, we will need to be able to contact you. Please tell us the best way(s) to contact you (you can pick more than one):

- Call me on my phone at _____ It's ok to leave a message at this number
 Text me at _____

If you want a message left for you to call for follow-up, please tell us where the message should be left. **Neither your personal information nor test results will be left in a message.** The message will ask you to phone the nurse, physician, or nurse practitioner.

- Leave a message with _____ (this can be an organization, a friend, a family member, etc.) at _____ (phone number) for me to call the doctor's office.

Client Signature: _____

Date: _____

Sample Collection Team Notes

This section completed by the sample collector only

Writer reviewed patient education handouts with client and discussed the testing method. Patient consent obtained. Sample collected onto _____ (#) circles of collection card. Notes on sample collection: (ie. Difficult to obtain blood from finger poke, multiple pokes attempted etc. Cross out if you do not use space below)

Client is aware that they will only be notified following a positive test result and that results will be available in 3-4 weeks time. _____ (Signature of writer).



