For PDF Fillable Requisitions, the following applies:

- 1. The form shall be completed using a Digital Health assigned computer.
- 2. Absolutely no personal health information shall be electronically saved on a computer.
- 3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
- 4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
- 5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
- 6. Do not print unnecessary duplicate copies of the form.
- 7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

AS PER DSM SPECIMEN ACCEPTANCE POLICY, 10-50-03, REQUIREMENTS FOR TEST REQUISITIONS 2.1, ALL INFORMATION MARKED WITH AN ASTERISK * IS MANDATORY AND MUST BE CLEARLY LEGIBLE. FAILURE TO COMPLY MAY RESULT IN SPECIMEN REJECTION.

MISCELLANEOUS TEST REPORT

ORDERING PROVIDER INFORMATION								PATIENT INFORMATION					
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NOTE: NEGATIVE STREPTOCOCCAL ANTIGEN TESTS FROM PATIENTS LESS THAN 18 YEARS OF AGE: IF CLINICAL SYMPTOMS ARE SUGGESTIVE OF STREPTOCOCCAL PHARYNGITIS, A FOLLOW UP THROAT SWAB SHOULD BE SUBMITTED TO THE LAB FOR CULTURE.													
POSITIVE	STREPTOCOCO	AL ANTIGEN TES	TS: IF PAT	TIENT HAS	A PE	NICILLIN ALLER	GY (AND A SW	AB FOR CUL	TURE WAS SUBMITTED)	, PLEASE NOTIFY LA	B IMMEDIATELY SO		
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