Thames Valley
Family Health Team

Medical Directive

Serologic testing	**Assigned Number: 029**
Activation Date: November 2021	**Review due by: December 2025**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Release of requisition(s) for serologic testing and follow up discussions of test results.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley FHT Registered Nurses/Registered Practical Nurses (RN/RPN).

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgment to safely enact the medical directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Patient requires serologic testing to assess immune status, either identified during an immunization review or presents with a request from a third party (e.g., schools, camps, pre-school, daycare, fitness clubs, university, or other educational institutions).	
Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Contraindications to immunity testing (serology): • Patient currently symptomatic for the disease being tested • Post-exposure testing where results will not inform timely management • Patient received vaccination for the same disease within the last 4 weeks • Receipt of IVIG or immunoglobulin products within the last 3–6 months • Receipt of post-exposure prophylactic immunoglobulin for the same disease within the last 3–6 months	
Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Implementer obtains informed verbal consent from patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, consent prior to the implementation of care.	
Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**
1. Confirm serologic testing is indicated and ensure no duplication of recent testing. 2. Provide patient education on the purpose of testing and individual tests ordered. 3. Release appropriate requisition(s) to the patient. 4. Notify the patient's Primary Care Provider (PCP) that tests have been ordered and that the implementer will follow up with the patient regarding results and next steps. 5. Follow up promptly when results are available and review findings with the patient. 6. Interpret results with caution in patients with known or suspected immunodeficiency, in collaboration with the PCP as needed. 7. If required or recommended immunizations are outstanding, discuss dosing schedules, benefits/risks, and costs (if applicable), and communicate any patient requests for non–publicly funded vaccine prescriptions to the PCP. 8. Provide the patient with options for administration of non–publicly funded vaccines.	

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.
- Requisitions released must include the name and number of the directive, name of authorizer, name and signature of implementer.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Authorizer Approval Form signed in Citation Canada.