



REQUISITION FOR ENTEROVIRUSES AND ENTERIC VIRUSES

Enteroviruses and Enteric Viruses
National Microbiology Laboratory
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SENDER INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____
PROVINCE: _____ POSTAL CODE: _____
TELEPHONE: _____ FAX: _____

PATIENT INFORMATION

NAME-CODE: _____
DATE OF BIRTH (YYYY-MM-DD): _____
SEX M F
CITY: _____ PROVINCE: _____

OTHER INFORMATION:

SPECIMEN INFORMATION

FOR PRIMARY SPECIMENS:
SPECIMEN REF #: _____
COLLECTION DATE (YYYY-MM-DD): _____
 STOOL
 OTHER (SPECIFY): _____

FOR VIRAL ISOLATES:
SPECIMEN REF #: _____
ORIGINAL SPECIMEN: _____
COLLECTION DATE (YYYY-MM-DD): _____

OTHER TEST RESULTS (eg EV RT-PCR):

SUSPECTED VIRUS

ENTEROVIRUS PARECHOVIRUS
 POLIOVIRUS NOROVIRUS
 OTHER (SPECIFY): _____

TEST REQUESTED

ENTEROVIRUS AND HUMAN PARECHOVIRUS DETECTION/
TYPING
 POLIOVIRUS DETECTION AND MOLECULAR
CHARACTERIZATION
 NOROVIRUS MOLECULAR DETECTION/TYPING

CLINICAL HISTORY

PARALYSIS VOMITING DIARRHEA
 ASEPTIC MENINGITIS
 MYOCARDITIS
 ACUTE HEMORRHAGIC CONJUNCTIVITIS
 PERICARDITIS
 HERPANGINA
 HAND-FOOT-MOUTH DISEASE
 EPIDEMIC PLEURODYNIA

OTHER:

RECENT POLIO VACCINATIONS:
 IPV bOPV mOPV2 nOPV2

TRAVEL HISTORY

LOCATION(S): _____
DATE(S) (YYYY-MM-DD): _____

FOR POLIOVIRUS EVENTS/OUTBREAKS

EVENT/OUTBREAK CODE: _____