



# REQUISITION FOR MOLECULAR TESTING FOR SELECTED ZONOTIC AGENTS IN HUMAN SPECIMENS

## Field Studies

National Microbiology Laboratory  
1015 Arlington Street, Winnipeg, MB R3E 3R2  
Telephone: (204) 789-6068  
FAX: (204) 789-2082

### SENDER INFORMATION

NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE:

FAX:

EMAIL:

### SPECIMEN INFORMATION

SUBMITTING LAB #:

COLLECTION DATE (YYYY-MM-DD):

☐ WHOLE BLOOD ☐ CSF ☐ URINE ☐ SERUM

☐ BIOPSY ☐ SYNOVIAL FLUID

☐ OTHER (SPECIFY):

### REQUESTED SERVICE(S)

#### PCR

- ☐ *Anaplasma phagocytophilum*  
☐ *Babesia* spp.  
☐ *Bartonella* spp.  
☐ *Borrelia burgdorferi* sensu lato<sup>2</sup>  
☐ *Ehrlichia chaffeensis* <sup>1</sup>  
☐ *Leptospira* spp.  
☐ Relapsing fever *Borrelia* <sup>1</sup>

### PATIENT INFORMATION

NAME-CODE:

DATE OF BIRTH (YYYY-MM-DD):

PATIENT HEALTH #:

DATE OF ONSET (YYYY-MM-DD):

YES NO UNKNOWN

TREATMENT:

☐ ☐ ☐

EXPOSURE TO TICKS/ANIMALS:

☐ ☐ ☐

IF YES, SPECIFY TYPE OF EXPOSURE:

RECENT TRAVEL (WITHIN 1 YEAR)

☐ ☐ ☐

IF YES: SPECIFY LOCATIONS:

SPECIFY DATES:

### COMMENTS

### SYMPTOMS

<sup>1</sup>Samples not accompanied by relevant patient and travel information may be subject to rejection. For current acceptance criteria, please refer to the NML Guide to Services.

<sup>2</sup>Sample must have accompanying date of onset and symptomatology. Submissions missing this information are subject to rejection.

The National Microbiology Laboratory (NML) of the Public Health Agency of Canada (PHAC) provides reference diagnostic services free of charge. The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests.