



REQUISITION FOR MOLECULAR TESTING FOR SELECTED ZOO NOTIC AGENTS IN HUMAN SPECIMENS

Field Studies

National Microbiology Laboratory
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SENDER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

PATIENT INFORMATION

NAME-CODE: _____

DATE OF BIRTH (YYYY-MM-DD): _____

PATIENT HEALTH #: _____

DATE OF ONSET (YYYY-MM-DD): _____

	YES	NO	UNKNOWN
TREATMENT:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXPOSURE TO TICKS/ANIMALS:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YES, SPECIFY TYPE OF EXPOSURE: _____

RECENT TRAVEL (WITHIN 1 YEAR) YES NO UNKNOWN

IF YES: SPECIFY LOCATIONS: _____

SPECIFY DATES: _____

SYMPTOMS

SPECIMEN INFORMATION

SUBMITTING LAB #: _____

COLLECTION DATE (YYYY-MM-DD): _____

WHOLE BLOOD CSF URINE

BIOPSY SYNOVIAL FLUID

OTHER (SPECIFY): _____

REQUESTED SERVICE(S)

PCR

Anaplasma phagocytophilum

Babesia spp.

Bartonella spp.

Borrelia burgdorferi sensu lato

Ehrlichia chaffeensis ¹

Leptospira spp.

Relapsing fever *Borrelia* ¹

COMMENTS

¹Samples 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.

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.