



REQUISITION FOR SEROLOGICAL TESTING FOR SELECTED ZOONOTIC AGENTS IN HUMAN SPECIMENS

Field Studies

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SENDER INFORMATION				SPECIMEN INFORMATION
NAME:				SUBMITTING LAB #:
ADDRESS:				COLLECTION DATE (YYYY-MM-DD):
CITY:				ACUTE SERUM CONVALESCENT SERUM
PROVINCE:	POSTAL CODE:			☐ CSF
TELEPHONE:	FAX:			OTHER (SPECIFY):
				REQUESTED SERVICE(S)
EMAIL:				ELISA Lyme disease – CSF / Serum Quotient ¹
PATIENT INFORMATION			Lyme disease	
				Leptospira spp.
NAME-CODE:				IMMUNOBLOT ☐ North American Lyme disease ¹
DATE OF BIRTH (YYYY-MM-DD):				European Lyme disease ^{1,2}
PATIENT HEALTH #:			IFA Anaplasma phagocytophilum	
DATE OF ONSET (YYYY-MM-DD):			☐ Bartonella henselae / Bartonella quintana ☐ Ehrlichia chaffeensis ²	
	YES	NO	UNKNOWN	COMMENTS
TREATMENT	\circ	\circ	\bigcirc	COMMENTS
EXPOSURE TO TICKS/ANIMALS:	\circ	\circ	\bigcirc	
IF YES, SPECIFY TYPE OF EXPOSURE:				
RECENT TRAVEL (WITHIN 1 YEAR)	0	0	0	
IF YES: SPECIFY LOCATIONS:				
SPECIFY DATES:				
SYMPTOMS				

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.

 $^{^{\}mbox{\scriptsize 1}}$ Analysis is only performed if an approved ELISA is positive or equivocal.

² 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.