



# REQUISITION FOR SARS-CoV-2 NEXT GENERATION SEQUENCING (NGS)

**Influenza, Respiratory Viruses and Coronaviruses**  
National Microbiology Laboratory  
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## SENDER INFORMATION

SUBMITTER NAME: \_\_\_\_\_

LAB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL/ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE (WITH EXT.): \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIMARY REPORT RECIPIENT: \_\_\_\_\_

ADDITIONAL REPORT RECIPIENTS (CC LIST): \_\_\_\_\_

## PATIENT INFORMATION

AGE: \_\_\_\_\_ SEX:

COUNTRY: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_

## SPECIMEN INFORMATION

Isolate being shipped to NML:

PRIMARY SPECIMEN ID #: \_\_\_\_\_

SECONDARY SPECIMEN ID #: \_\_\_\_\_

Pathogen:

BIOSAMPLE ACCESSION (if known): \_\_\_\_\_

SRA ACCESSION (if known): \_\_\_\_\_

BIOPROJECT ACCESSION (if known): \_\_\_\_\_

GISAID ACCESSION (if known): \_\_\_\_\_

## TEST REQUESTED

## SPECIMEN DETAILS

Specimen Source:

Anatomical Part:

Anatomical Material:

Body Product:

Animal Type:

Environmental Site:

Environmental Material:

Specimen Collection Matrix:

Collection Method:

Submitted Sample/Specimen Type:

SAMPLE VOLUME SUBMITTED TO NML: \_\_\_\_\_

DATE COLLECTED (YYYY-MM-DD): \_\_\_\_\_

## PREVIOUS TEST RESULTS

GENE TARGET #1: \_\_\_\_\_

GENE TARGET #1 CT VALUE: \_\_\_\_\_

GENE TARGET #2: \_\_\_\_\_

GENE TARGET #2 CT VALUE: \_\_\_\_\_

## COMMENTS/ADDITIONAL INFORMATION



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## CLINICAL INFORMATION

### Symptoms:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ABDOMINAL PAIN                               | <input type="checkbox"/> ABNORMALITY OF THE SENSE OF TASTE        | <input type="checkbox"/> ABNORMALITY OF THE SENSE OF SMELL       |
| <input type="checkbox"/> ACROCYANOSIS                                 | <input type="checkbox"/> AGEUSIA (COMPLETE LOSS OF TASTE)         | <input type="checkbox"/> ALTERED CONSCIOUSNESS                   |
| <input type="checkbox"/> ANOSMIA (LOST SENSE OF SMELL)                |   | <input type="checkbox"/> ARTHRALGIA (PAINFUL JOINTS)             |
| <input type="checkbox"/> ASTHENIA (GENERALIZED WEAKNESS)              |   | <input type="checkbox"/> CHEST PAIN                              |
| <input type="checkbox"/> CHEST TIGHTNESS OR PRESSURE                  |   | <input type="checkbox"/> CHILLS (SUDDEN COLD SENSATION)          |
| <input type="checkbox"/> CIRCUMORAL CYANOSIS                          |   | <input type="checkbox"/> COGNITIVE IMPAIRMENT                    |
| <input type="checkbox"/> COMA   | <input type="checkbox"/> CONFUSION                                | <input type="checkbox"/> CONJUNCTIVITIS (PINK EYE)               |
| <input type="checkbox"/> COUGH  | <input type="checkbox"/> CYANOSIS (BLUISH SKIN DISCOLOURATION)    | <input type="checkbox"/> CYANOTIC LIPS (BLUISH LIPS)             |
| <input type="checkbox"/> CYANOTIC FACE (BLUISH FACE)                  |   | <input type="checkbox"/> DELIRIUM (SUDDEN SEVERE CONFUSION)      |
| <input type="checkbox"/> DIARRHEA (WATERY STOOL)                      |   | <input type="checkbox"/> DYSPNEA (BREATHING DIFFICULTY)          |
| <input type="checkbox"/> ENCEPHALITIS (BRAIN INFLAMMATION)            |   | <input type="checkbox"/> FATIGUE (TIREDNESS)                     |
| <input type="checkbox"/> FEVER  | <input type="checkbox"/> GLOSSITIS (INFLAMMATION OF THE TONGUE)   | <input type="checkbox"/> HEADACHE                                |
| <input type="checkbox"/> HEMOPTYSIS (COUGHING UP BLOOD)               |   | <input type="checkbox"/> HYPOGEUSIA (REDUCED SENSE OF TASTE)     |
| <input type="checkbox"/> HYPOSMIA (REDUCED SENSE OF SMELL)            |   | <input type="checkbox"/> HYPOTENSION (LOW BLOOD PRESSURE)        |
| <input type="checkbox"/> HYPOXEMIA (LOW BLOOD OXYGEN)                 |   | <input type="checkbox"/> INTERNAL HEMORRHAGE (INTERNAL BLEEDING) |
| <input type="checkbox"/> INABILITY TO AROUSE/TO STAY AWAKE            |   | <input type="checkbox"/> IRRITABILITY                            |
| <input type="checkbox"/> LOSS OF FINE MOVEMENTS                       |   | <input type="checkbox"/> LOW APPETITE                            |
| <input type="checkbox"/> LOSS OF SPEECH                               | <input type="checkbox"/> MALAISE (GENERAL DISCOMFORT/UNEASE)      | <input type="checkbox"/> MOTOR SEIZURE                           |
| <input type="checkbox"/> MUSCLE WEAKNESS                              | <input type="checkbox"/> MYALGIA (MUSCLE PAIN)                    | <input type="checkbox"/> NASAL OBSTRUCTION (STUFFY NOSE)         |
| <input type="checkbox"/> NAUSEA                                       | <input type="checkbox"/> NONPRODUCTIVE COUGH (DRY COUGH)          | <input type="checkbox"/> PARAGEUSIA (DISTORTED SENSE OF TASTE)   |
| <input type="checkbox"/> PHARYNGITIS (SORE THROAT)                    |   | <input type="checkbox"/> PRODUCTIVE COUGH (WET COUGH)            |
| <input type="checkbox"/> PSEUDO-CHILBLAINS ON FINGERS (COVID FINGERS) |   | <input type="checkbox"/> PSEUDO-CHILBLAINS ON TOES (COVID TOES)  |
| <input type="checkbox"/> RASH   | <input type="checkbox"/> RHINORRHEA (RUNNY NOSE)                  | <input type="checkbox"/> RIGORS (FEVER SHAKES)                   |
| <input type="checkbox"/> SEIZURE                                      | <input type="checkbox"/> SHIVERING (INVOLUNTARY MUSCLE TWITCHING) | <input type="checkbox"/> SLURRED SPEECH                          |
| <input type="checkbox"/> STROKE                                       | <input type="checkbox"/> TACHYPNEA (RAPID BREATHING)              | <input type="checkbox"/> VOMITING (THROWING UP)                  |

HOST DISEASE: \_\_\_\_\_

SYMPTOM ONSET (YYYY-MM-DD): \_\_\_\_\_

Host Health State:

Host Health State Details:

Exposure Event:

### Travel History:

DESTINATION: \_\_\_\_\_

DEPARTURE DATE (YYYY-MM-DD): \_\_\_\_\_

RETURN DATE (YYYY-MM-DD): \_\_\_\_\_

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.