



REQUISITION FOR MOLECULAR DETECTION OF SARS-CoV-2 (COVID-19) - BATCH SUBMISSION

Influenza, Respiratory Viruses and Coronaviruses
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6049 Fax: (204) 789-2082

SENDER INFORMATION

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

CONTACT NML BEFORE SENDING ANY SPECIMENS.

LABORATORY NUMBER	COLLECTION DATE (YYYY-MM-DD)	SPECIMEN TYPE	GENDER	DATE OF BIRTH (YYYY-MM-DD)	TRAVEL LOCATION	SYMPTOMS
		<input type="checkbox"/> NP SWAB <input type="checkbox"/> THROAT SWAB <input type="checkbox"/> OTHER:	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O			
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COMMENTS

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.