



**REQUISITION FOR THE NATIONAL ENHANCED
SARS-COV-2 SURVEILLANCE PROGRAM
(ANTIGENIC
CHARACTERIZATION AND ANTIVIRAL
SUSCEPTIBILITY)**

Influenza, Respiratory Viruses and Coronaviruses
National Microbiology Laboratory
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SENDER INFORMATION

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

SAMPLES RECEIVED THREE MONTHSAFTER COLLECTION WILL NOT BE TESTED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH THE SECTION CHIEF

LABORATORY NUMBER				
GEOGRAPHICAL LOCATION OF PATIENT				
PATIENT DATE OF BIRTH (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
SEX	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O
DATE OF SPECIMEN COLLECTION (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
SARS-CoV-2 (SUB)-LINEAGE (IF KNOWN)				
GISAID ACCESSION ID OR NATIONAL GENOMICS DATABASE ID (NML LAB ID #)				
SPECIMEN TYPE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE
SELECTION CRITERIA	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANC <input type="checkbox"/> NEW (SUB) VARIANT	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANC <input type="checkbox"/> NEW (SUB) VARIANT	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANC <input type="checkbox"/> NEW (SUB) VARIANT	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANC <input type="checkbox"/> NEW (SUB) VARIANT

Note: This form should accompany the specimens.

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.