

DBS Requisition: HIV, HCV, Syphilis & HBsAg



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For NLHRS

Please refer to the NLHRS specimens submissions guidelines and the DBS collection, packaging & storage guidelines

Submitter Information

Name of Site:

**Contact/email
for Final Report:**

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Shipper's name: _____

Shipper's signature: _____

Specimen Information

Date Collected (dd-mm-yyyy): _____

DBS

of cards

Patient Information

Specimen Ref #

Date of Birth (dd-mm-yyyy)

Has this patient been tested previously at NLHRS?
(If yes provide submitter code and/or NML#)

No Yes

Diagnostic Tests: (Please number in order of priority)

- HIV
- HCV
- Syphilis (Screen only)
- HBsAg

Clinical Monitoring:

Is this patient a previously known positive?

- HIV Viral Load Yes No
- HCV Viral Load Yes No

Additional Information