

DBS Requisition: HIV, HCV, Syphilis & HBsAg**National Laboratory for HIV Reference Services (NLHRS)**

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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 InformationDate Collected (*dd-mm-yyyy*):

DBS

of cards

Patient Information

Specimen Ref #

Date of Birth (*dd-mm-yyyy*)**Diagnostic Tests:** (Please number in order of priority)

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

Has this patient been tested previously at NLHRS?
(if yes provide submitter code and/or NML#)☐ No ☐ Yes**Clinical Monitoring:**Is this patient a previously known
positive?☐ HIV Viral Load☐ Yes ☐ No☐ HCV Viral Load☐ Yes ☐ No**Additional Information**