



REQUISITION FOR MOLECULAR DIAGNOSTIC OF RESPIRATORY VIRUSES

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		SPECIMEN INFORMATION
CONTACT NML BEFORE SENDING ANY SPECIMENS. INSTITUTION: NAME: ADDRESS:		LABORATORY NUMBER:
		☐ NASOPHARYNGEAL SWAB ☐ THROAT SWAB
		OTHER (SPECIFY):
		SPECIMEN COLLECTION DATE (YYYY-MM-DD):
		OTHER INFORMATION:
CITY:		
PROVINCE:	POSTAL CODE:	-
TELEPHONE:	FAX:	TEST REQUESTED
		RESPIRATORY VIRUS PANEL
PATIENT INFORMATION		OR SELECT:
NAME-CODE:		HUMAN ZOONOTIC INFLUENZA A
		– 🔲 INFLUENZA A 📗 PARAINFLUENZA 1 📗 HCoV-229-E
DATE OF BIRTH (YYYY-MM-DD):		☐ INFLUENZA B ☐ PARAINFLUENZA 2 ☐ HCoV OC-43
SEX		ADENOVIRUS PARAINFLUENZA 3 HCoV NL63
CITY:		☐ HBoV ☐ PARAINFLUENZA 4 ☐ HCoV (SARS-CoV)
OTHER INFORMATION:		- HMPV RHINOVIRUS HCoV (MERS-CoV)
OTTENTIAL CHAMPATION.		RESPIRATORY SYNCYTIAL VIRUS (RSV)
		HCoV (SARS-CoV-2)
		ADDITIONAL INFORMATION
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TRAVEL HISTORY		
TRAVEL LOCATION(S):		
DEPARTURE/RETURN DATES (YYYY-MM-DD):		
		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.