



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

CONTACT NML BEFORE SENDING ANY SPECIMENS.

INSTITUTION: _____

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

PATIENT INFORMATION

NAME-CODE: _____

DATE OF BIRTH (YYYY-MM-DD): _____

SEX M F

CITY: _____

OTHER INFORMATION:

TRAVEL HISTORY

TRAVEL LOCATION(S): _____

DEPARTURE/RETURN DATES (YYYY-MM-DD): _____

SPECIMEN INFORMATION

LABORATORY NUMBER: _____

NASOPHARYNGEAL SWAB THROAT SWAB

OTHER (SPECIFY): _____

SPECIMEN COLLECTION DATE (YYYY-MM-DD): _____

OTHER INFORMATION:

TEST REQUESTED

RESPIRATORY VIRUS PANEL

OR SELECT:

HUMAN AVIAN INFLUENZA A

INFLUENZA A

PARAINFLUENZA 1

HCoV-229-E

INFLUENZA B

PARAINFLUENZA 2

HCoV OC-43

ADENOVIRUS

PARAINFLUENZA 3

HCoV NL63

HBoV

PARAINFLUENZA 4

HCoV (SARS-CoV)

HMPV

RHINOVIRUS

HCoV (MERS-CoV)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

HCoV (SARS-CoV-2)

ADDITIONAL INFORMATION

Note: This form should accompany the specimens.