



# REQUISITION FOR VIRAL STI, POLYOMA AND HERPESVIRUS TESTING

**Viral Sexually Transmitted Infections Unit**  
National Microbiology Laboratory  
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## SENDER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

## PATIENT INFORMATION

NAME-CODE: \_\_\_\_\_

DATE OF BIRTH (YYYY-MM-DD) OR AGE: \_\_\_\_\_

SEX             M     F

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

OTHER INFORMATION:  
\_\_\_\_\_  
\_\_\_\_\_

## CLINICAL HISTORY AND REASON FOR TESTING:

## SPECIMEN INFORMATION

SPECIMEN REF #: \_\_\_\_\_

DATE COLLECTED (YYYY-MM-DD): \_\_\_\_\_

SERUM     WHOLE BLOOD     PLASMA     CYTOBRUSH

CSF     VIRAL CULTURE     URINE

RECTAL SWAB (LGV)     ANAL SWAB (HPV)

TISSUE (SPECIFY): \_\_\_\_\_

OTHER SWAB (SPECIFY): \_\_\_\_\_

OTHER SPECIMENS (PLEASE DESCRIBE):  
\_\_\_\_\_  
\_\_\_\_\_

**For HPV or Chlamydia LGV submissions, please indicate if specimen is in:**

GEN-PROBE APTIMA BUFFER     THINPREP

ROCHE COBAS CTNG BUFFER     SUREPATH

OTHER (SPECIFY): \_\_\_\_\_

## TEST REQUESTED

CHLAMYDIA LGV DETECTION BY REAL-TIME PCR

CHLAMYDIA LGV GENOTYPING BY SEQUENCING

POLYOMAVIRUS (JCV)

MUCOSAL HPV GENOTYPING

HCMV ANTIVIRAL RESISTANCE GENOTYPING

HSV-1 ANTIVIRAL RESISTANCE GENOTYPING

HSV-2 ANTIVIRAL RESISTANCE GENOTYPING

VZV VACCINE STRAIN DIFFERENTIATION

OTHER (CALL AHEAD TO CONFIRM): \_\_\_\_\_

PLEASE REFER TO THE GUIDE TO SERVICES FOR INFORMATION  
REQUIRED FOR SPECIFIC TESTS.

PLEASE INDICATE IF THIS IS A SUBMISSION FOR A PRE-ARRANGED STUDY

Residual patient sample received for testing may be anonymized and used in proficiency programs, assay validations or for publications.

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.