



REQUISITION FOR VIRAL ZONOSSES

Arbovirus, Rabies, Rickettsia and Related Zoonotic Diseases

National Microbiology Laboratory

1015 Arlington Street, Winnipeg, MB R3E 3R2

Telephone: (204) 789-7037 Fax: (204) 789-2082

SENDER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

PATIENT INFORMATION

NAME-CODE: _____

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

GENDER: M F O

SPECIFY: _____

PREGNANT: YES NO

CITY: _____

PROVINCE: _____

OTHER INFORMATION: _____

TRAVEL HISTORY

LOCATION: _____

RETURN DATE (YYYY-MM-DD): _____

LOCATION: _____

RETURN DATE (YYYY-MM-DD): _____

SPECIMEN INFORMATION

PAIRED SPECIMEN: YES NO

SERUM

CSF

EDTA BLOOD

OTHER (SPECIFY): _____

ACUTE SERUM REF #: _____

COLLECTION DATE (YYYY-MM-DD): _____

CONVALESCENT SERUM REF #: _____

COLLECTION DATE (YYYY-MM-DD): _____

Samples received for testing may be used in proficiency programs 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.

SUSPECTED VIRUS

EASTERN EQUINE ENCEPHALITIS

JAPANESE ENCEPHALITIS

ROSS RIVER

WEST NILE VIRUS

DENGUE

SNOWSHOE HARE

JAMESTOWN CANYON

YELLOW FEVER

POWASSAN

CHIKUNGUNYA

CACHE VALLEY

ZIKA VIRUS

MAYARO

OTHER ARBOVIRUS (SPECIFY): _____

TEST REQUESTED

PLAQUE REDUCTION NEUTRALIZATION TEST

HEMAGGLUTINATION INHIBITION

ELISA – IgM

MOLECULAR DETECTION

ELISA – IgG

Please consult the Test Information Sheets on the Guide to Services before requesting tests

CLINICAL HISTORY

FEVER

RASH

HEADACHE

MYALGIA

FATIGUE

CHILLS

POLYARTHRITIS

ENCEPHALITIS

OTHER (SPECIFY): _____

DATE OF DISEASE/ILLNESS ONSET (YYYY-MM-DD): _____

ARTHROPOD CONTACTS (TYPE): _____

NONE

EXPOSURE ONLY

BITE

YELLOW FEVER VACCINATION*: YES NO

IF YES, DATE OF VACCINATION (YYYY-MM-DD): _____

* For Yellow Fever requests only.