



REQUISITION FOR RICKETTSIA AND RELATED ZONOTIC DISEASES

Arbovirus, Rabies, Rickettsia and Related Zoonotic Diseases

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): _____

SEX M F O

SPECIFY: _____

CITY: _____

PROVINCE: _____

OTHER INFORMATION: _____

SPECIMEN INFORMATION

SPECIMEN REF #: _____

DATE TAKEN (YYYY-MM-DD): _____

SERUM

WHOLE BLOOD

TISSUE (SPECIFY): _____

SPECIMEN PREVIOUSLY SUBMITTED: YES NO

IF YES, PREVIOUS NML SPECIMEN # OR SENDER # _____

SUSPECTED EXPOSURE

SPOTTED FEVER RICKETTSIOSIS

TYPHUS GROUP RICKETTSIOSIS

COXIELLA BURNETII (Q FEVER)

ORIENTIA TSUTSUGAMUSHI (SCRUB TYPHUS)

OTHER RICKETTSIA SPECIES (SPECIFY): _____

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.

TEST REQUESTED

SEROLOGY

MOLECULAR DETECTION**

CLINICAL HISTORY**

ARTHROPOD BITE (SPECIFY): _____

LIVESTOCK EXPOSURE (SPECIFY): _____

FEVER

HEADACHE

RASH

ARTHRALGIA

MYALGIA

MALAISE

ESCHAR

ENDOCARDITIS

RESPIRATORY SYMPTOMS

OTHER (SPECIFY): _____

DATE OF ONSET** (YYYY-MM-DD): _____

** Required for Molecular Detection. Sample will be rejected if fields are not completed.

ANTIBIOTICS ADMINISTERED

TRAVEL HISTORY

For NML Use:

RECEIVED: _____

ACCESSIONED: _____

NML#: _____

COMMENT
