



REQUISITION FOR VIRAL HEPATITIS AND BLOODBORNE PATHOGENS

Viral Hepatitis and Bloodborne Pathogens
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6512 / (204) 318-2222

SENDER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

PATIENT INFORMATION

PATIENT INITIALS: _____

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

SEX M F

CITY: _____

PROVINCE: _____

MEDICAL HEALTH #: _____

OTHER INFORMATION:

SPECIMEN INFORMATION

SPECIMEN REF #: _____

DATE TAKEN (YYYY-MM-DD): _____

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

SERUM PLASMA WHOLE BLOOD STOOL

SUSPECTED PATHOGEN

HEPATITIS A HEPATITIS B

HEPATITIS D HEPATITIS E

HUMAN HERPESVIRUS 8

ADDITIONAL INFORMATION

TEST REQUESTED

URGENT*

*For urgent samples, prior contact with laboratory required.

Check applicable test:

ANTI-HBc TOTAL ANTI-HBe ANTI-HEV IgG

HBe ANTIGEN HBs ANTIGEN ANTI-HEV IgM

ANTI-HDV ANTI-HBs

MOLECULAR DETECTION OR GENOTYPING

HAV GENOTYPING

HBV PRECORE/BASAL CORE PROMOTER MUTANT

HBV GENOTYPING

HBV IMMUNE ESCAPE MUTANT

HBV DETECTION

HBV DRUG RESISTANT MUTANT

HDV DETECTION

HDV GENOTYPING

HDV VIRAL LOAD

HEV GENOTYPING

HEV DETECTION

HEV VIRAL LOAD

HHV-8 DETECTION

CLINICAL HISTORY

CLINICAL DIAGNOSIS, SYMPTOMS:

RISK FACTORS; TRAVEL HISTORY:

COMMENTS:

TREATMENT FOR HBV OR HDV: YES NO

SPECIFY HBV OR HDV TREATMENT: _____

LAB RESULT

HEPATITIS A	POS	NEG	HEPATITIS B	POS	NEG	S/CO
ANTI-HAV TOTAL	<input type="radio"/>	<input type="radio"/>	ANTI-HBc TOTAL	<input type="radio"/>	<input type="radio"/>	
ANTI-HAV IgM	<input type="radio"/>	<input type="radio"/>	ANTI-HBc IgM	<input type="radio"/>	<input type="radio"/>	
HEPATITIS B	POS	NEG	S/CO	HEPATITIS D	POS	NEG
HBeAg	<input type="radio"/>	<input type="radio"/>		ANTI-HDV	<input type="radio"/>	<input type="radio"/>
HBs Ag	<input type="radio"/>	<input type="radio"/>	_____	HDV RNA (PCR)	<input type="radio"/>	<input type="radio"/>
ANTI-HBs	<input type="radio"/>	<input type="radio"/>				

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.