



# REQUISITION FOR THE WHO INFLUENZA PROGRAM (ANTIGENIC SUBTYPING), CANADA

**Influenza, Respiratory Viruses and Coronaviruses**  
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## SENDER INFORMATION

NAME:	PROVINCE:	POSTAL CODE:
ADDRESS:	TELEPHONE:	FAX:
CITY:		

**SAMPLES RECEIVED THREE MONTHS AFTER COLLECTION WILL NOT BE TESTED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH THE SECTION CHIEF.**

LABORATORY NUMBER				
DATE OF SPECIMEN COLLECTION (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
GEOGRAPHICAL LOCATION OF PATIENT				
PATIENT DATE OF BIRTH (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
SEX	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O
INFLUENZA TYPE * (FLU A OR FLU B)	<input type="checkbox"/> FLU A <input type="checkbox"/> H3 <input type="checkbox"/> FLU B <input type="checkbox"/> H1N1 2009	<input type="checkbox"/> FLU A <input type="checkbox"/> H3 <input type="checkbox"/> FLU B <input type="checkbox"/> H1N1 2009	<input type="checkbox"/> FLU A <input type="checkbox"/> H3 <input type="checkbox"/> FLU B <input type="checkbox"/> H1N1 2009	<input type="checkbox"/> FLU A <input type="checkbox"/> H3 <input type="checkbox"/> FLU B <input type="checkbox"/> H1N1 2009
SPECIMEN PASSAGE HISTORY				
EXTENT OF ACTIVITY **				

\* Influenza subtype if available

\*\* + + + = epidemic; + + = localized outbreak; + = sporadic; blank = unknown

**Note: This form should accompany the specimens.**