



REQUISITION FOR DRUG SUSCEPTIBILITY TESTING FOR INFLUENZA VIRUS

Influenza, Respiratory Viruses and Coronaviruses

National Microbiology Laboratory
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SENDER INFORMATION

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

LABORATORY NUMBER				
DRUG SUSCEPTIBILITY REQUIRED	<input type="checkbox"/> OSELTAMIVIR <input type="checkbox"/> ZANAMIVIR <input type="checkbox"/> AMANTADINE	<input type="checkbox"/> OSELTAMIVIR <input type="checkbox"/> ZANAMIVIR <input type="checkbox"/> AMANTADINE	<input type="checkbox"/> OSELTAMIVIR <input type="checkbox"/> ZANAMIVIR <input type="checkbox"/> AMANTADINE	<input type="checkbox"/> OSELTAMIVIR <input type="checkbox"/> ZANAMIVIR <input type="checkbox"/> AMANTADINE
INFLUENZA TYPE	<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
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
GEOGRAPHICAL LOCATION OF PATIENT				
DATE OF ONSET OF ILLNESS (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
DATE OF SPECIMEN COLLECTION (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
ISOLATE PASSAGE HISTORY				
START DATE OF TREATMENT (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
TREATMENT DURATION				

Note: This form should accompany the specimens.

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.