



REQUISITION FOR RABIES SERUM NEUTRALIZATION ASSAY

Arbovirus, Rabies, Rickettsia and Related Zoonotic Diseases

National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-7037 Fax: (204) 789-2018

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: _____

CITY: _____

PROVINCE: _____

OTHER INFORMATION:

SPECIMEN INFORMATION

SPECIMEN REF #: _____

DATE TAKEN (YYYY-MM-DD): _____

SERUM CSF

INVESTIGATION

PRE-EXPOSURE VACCINATION

POST-EXPOSURE VACCINATION

OCCUPATIONAL CATEGORY (FOR PRE-EXPOSURE VACCINATION ONLY):

VACCINATION HISTORY

INCLUDE RIG ADMINISTRATION IF APPLICABLE:

ANIMAL EXPOSURE:

TRAVEL HISTORY:

Note: The Rabies, Rickettsia and Related Zoonotics Diseases laboratory must be notified prior to the submission of any samples for clinical investigation.

For NML Use:

RECEIVED: _____

ACCESSIONED: _____

NML#: _____

COMMENT

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.