

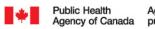
REQUISITION FOR SARS-CoV-2 NEXT GENERATION SEQUENCING (NGS)

Influenza, Respiratory Viruses and Coronaviruses National Microbiology Laboratory

1015 Arlington Street, Winnipeg, MB R3E 3R2 Telephone: (204) 784-8073 Fax: (204) 789-2082 Email: nathalie.bastien@phac-aspc.gc.ca

SENDER INFORMATION		SPECIMEN DETAILS	SPECIMEN DETAILS		
SUBMITTER NAME:		Specimen Source:			
LAB NAME:		Anatomical Part:			
		Anatomical Material:			
ADDRESS:		Body Product:			
CITY:	PROVINCE/STATE:	Animal Type:			
		Environmental Site:			
POSTAL/ZIP CODE:	COUNTRY:	Environmental Material:			
TELEPHONE (WITH EXT.):	FAX:	Specimen Collection Matrix:			
		Collection Method:			
EMAIL:		Submitted Sample/Specimen Type:			
PRIMARY REPORT RECIPIENT:		SAMPLE VOLUME SUBMITTED TO N	SAMPLE VOLUME SUBMITTED TO NML:		
		DATE COLLECTED (YYYY-MM-DD):	DATE COLLECTED (YYYY-MM-DD):		
ADDITIONAL REPORT RECIPIENTS (CC LIST):		PREVIOUS TEST RESULTS	PREVIOUS TEST RESULTS		
PATIENT INFORMATION		GENE TARGET #1:	GENE TARGET #1:		
AGE:SE	EX:	GENE TARGET #1 CT VALUE:	GENE TARGET #1 CT VALUE:		
COUNTRY:		GENE TARGET #2:	GENE TARGET #2:		
PROVINCE/STATE:		GENE TARGET #2 CT VALUE:	GENE TARGET #2 CT VALUE:		
SPECIMEN INFORMATION		COMMENTS/ADDITIONAL INF	FORMATION		
Isolate being shipped to NML	.:				
PRIMARY SPECIMEN ID #:					
SECONDARY SPECIMEN ID #	t:				
Pathogen:					
BIOSAMPLE ACCESSION (if known):					
SRA ACCESSION (if known):					
BIOPROJECT ACCESSION (if known):					
GISAID ACCESSION (if known):					
TEST REQUESTED					

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. November 2024



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CLINICAL INFORMATION

Protected B when complete Influenza, Respiratory Viruses and Coronaviruses National Microbiology Laboratory 1015 Arlington Street, Winnipeg, MB R3E 3R2

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Symptoms:						
ABDOMINAL PAIN	ABNORMALITY OF THE SENSE OF	TASTE	ABNOR	MALITY OF THE SENSE OF SMELL		
	AGEUSIA (COMPLETE LOSS OF TA	STE)		D CONSCIOUSNESS		
ANOSMIA (LOST SENSE OF SMELL)		[ARTHR	ARTHRALGIA (PAINFUL JOINTS)		
ASTHENIA (GENERALIZED WEAKNESS)		[CHEST] CHEST PAIN		
CHEST TIGHTNESS OR PRESSURE		Γ	CHILLS	CHILLS (SUDDEN COLD SENSATION)		
CIRCUMORAL CYANOSIS		Γ		COGNITIVE IMPAIRMENT		
COMA		Γ		NCTIVITIS (PINK EYE)		
COUGH	CYANOSIS (BLUISH SKIN DOCOLO	URATION)	CYANC	TIC LIPS (BLUISH LIPS)		
CYANOTIC FACE (BLUISH FACE)		Γ] DELIRIUM (SUDDEN SEVERE CONFUSION)		
DIARRHEA (WATERY STOOL)		Γ	DYSPN] DYSPNEA (BREATHING DIFFICULTY)		
ENCEPHALITIS (BRAIN INFLAMMATION)		Γ	FATIGU] FATIGUE (TIREDNESS)		
FEVER	GLOSSITIS (INFLAMMATION OF TH	E TONGUE)	HEADA	CHE		
HEMOPTYSIS (COUGHING UP BLOOD)		Γ	HYPOG	HYPOGEUSIA (REDUCED SENSE OF TASTE)		
HYPOSMIA (REDUCED SENSE OF SMELL)		Γ		HYPOTENSION (LOW BLOOD PRESSURE)		
HYPOXEMIA (LOW BLOOD OXYGEN)] INTERNAL HEMORRHAGE (INTERNAL BLEEDING)		
INABILITY TO AROUSE/TO STAY AWAKE						
LOSS OF FINE MOVEMENTS						
LOSS OF SPEECH MALAISE (GENREAL DISCOMFORT/UNEASE)		/UNEASE)	MOTOR SEIZURE			
MUSCLE WEAKNES] MUSCLE WEAKNESS 🗌 MYALGIA (MUSCLE PAIN)		NASAL OBSTRUCTION (STUFFY NOSE)			
NAUSEA	NONPRODUCTIVE COUGH (DRY CO	OUGH)	PARAGEUSIA (DISTORTED SENSE OF TASTE)			
PHARYNGITIS (SORE THROAT)		Γ	PRODUCTIVE COUGH (WET COUGH)			
PSEUDO-CHILBLAINS ON FINGERS (COVID FINGERS)		Γ	PSEUDO-CHILBLAINS ON TOES (COVID TOES)			
RASH	RHINORRHEA (RUNNY NOSE)	Γ	RIGORS	(FEVER SHAKES)		
SEIZURE	SHIVERING (INVOLUNTARY MUSCI	E TWITCHING)		ED SPEECH		
STROKE	TACHYPNEA (RAPID BREATHING)	E		NG (THROWING UP)		
HOST DISEASE: SYMPTOM ONS		SYMPTOM ONSET	T (YYYY-MN	/I-DD):		
Host Health State:		Host Health State	Details:			
Exposure Event:						
Travel History:						
DESTINATION:						
DEPARTURE DATE (YYYY-MM-DD):						
RETURN DATE (YYYY-MM-DD):						

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