

**SENDER INFORMATION**

NAME: \_\_\_\_\_  
 INSTITUTION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

Protected B when complete

**REQUISITION FOR DETECTION OF SARS-COV-2 FROM WASTEWATER**

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 One Health Division  
 National Microbiology Laboratory  
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 Telephone: (204) 789-6506 Fax: (204) 318-2221

LOCATION / CODE MUNICIPALITY / SAMPLE CODE	COLLECTION START YY/MM/DD 24:00HR	COLLECTION END YY/MM/DD 24:00HR	SAMPLE TYPE	COLLECTION METHOD	FLOW RATE megalitres/day kilolitres/day or m <sup>3</sup>	SAMPLE COMMENTS
			<input type="checkbox"/> INFLUENT <input type="checkbox"/> NUCLEIC ACID <input type="checkbox"/> EFFLUENT <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER	<input type="checkbox"/> COMPOSITE <input type="checkbox"/> GRAB <input type="checkbox"/> COSCA	<input type="checkbox"/> ML/day <input type="checkbox"/> kL/day or m <sup>3</sup>	
			<input type="checkbox"/> INFLUENT <input type="checkbox"/> NUCLEIC ACID <input type="checkbox"/> EFFLUENT <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER	<input type="checkbox"/> COMPOSITE <input type="checkbox"/> GRAB <input type="checkbox"/> COSCA	<input type="checkbox"/> ML/day <input type="checkbox"/> kL/day or m <sup>3</sup>	
			<input type="checkbox"/> INFLUENT <input type="checkbox"/> NUCLEIC ACID <input type="checkbox"/> EFFLUENT <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER	<input type="checkbox"/> COMPOSITE <input type="checkbox"/> GRAB <input type="checkbox"/> COSCA	<input type="checkbox"/> ML/day <input type="checkbox"/> kL/day or m <sup>3</sup>	
			<input type="checkbox"/> INFLUENT <input type="checkbox"/> NUCLEIC ACID <input type="checkbox"/> EFFLUENT <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER	<input type="checkbox"/> COMPOSITE <input type="checkbox"/> GRAB <input type="checkbox"/> COSCA	<input type="checkbox"/> ML/day <input type="checkbox"/> kL/day or m <sup>3</sup>	
			<input type="checkbox"/> INFLUENT <input type="checkbox"/> NUCLEIC ACID <input type="checkbox"/> EFFLUENT <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER	<input type="checkbox"/> COMPOSITE <input type="checkbox"/> GRAB <input type="checkbox"/> COSCA	<input type="checkbox"/> ML/day <input type="checkbox"/> kL/day or m <sup>3</sup>	
			<input type="checkbox"/> INFLUENT <input type="checkbox"/> NUCLEIC ACID <input type="checkbox"/> EFFLUENT <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER	<input type="checkbox"/> COMPOSITE <input type="checkbox"/> GRAB <input type="checkbox"/> COSCA	<input type="checkbox"/> ML/day <input type="checkbox"/> kL/day or m <sup>3</sup>	

Please ensure that all samples are shipped a 4°C with supplemental cold packs to ensure temperature stability during transit. Ship in accordance with all regional and Transport Canada shipping, packaging and documentation requirements. Inappropriately packaged, documented or mishandled samples may be subject to rejection. Thank you for your cooperation.

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.