



**REQUISITION FOR THE NATIONAL  
ENHANCED SARS-COV-2 SURVEILLANCE  
PROGRAM (ANTIGENIC CHARACTERIZATION  
AND ANTIVIRAL SUSCEPTIBILITY)**

**Influenza, Respiratory Viruses and Coronaviruses**

National Microbiology Laboratory  
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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**

<b>LABORATORY NUMBER</b>				
<b>GEOGRAPHICAL LOCATION OF PATIENT</b>				
<b>PATIENT DATE OF BIRTH (YYYY-MM-DD)</b>	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
<b>GENDER</b>	<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
<b>DATE OF SPECIMEN COLLECTION (YYYY-MM-DD)</b>	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
<b>SARS-CoV-2 (SUB)-LINEAGE (IF KNOWN)</b>				
<b>GISAID ACCESSION ID OR NATIONAL GENOMICS DATABASE ID (NML LAB ID #)</b>				
<b>SPECIMEN TYPE</b>	<input type="checkbox"/> NASOPHARYNGEAL <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEAL <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEAL <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEAL <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE
<b>SELECTION CRITERIA</b>	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANCE <input type="checkbox"/> NEW (SUB) VARIANT	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANCE <input type="checkbox"/> NEW (SUB) VARIANT	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANCE <input type="checkbox"/> NEW (SUB) VARIANT	<input type="checkbox"/> RANDOM SAMPLING <input type="checkbox"/> OUTBREAK INVESTIGATION <input type="checkbox"/> INTERNATIONAL TRAVEL <input type="checkbox"/> ANTIVIRAL RESISTANCE <input type="checkbox"/> NEW (SUB) VARIANT

**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.