Public Health Agency of Canada | Agence de la santé publique du Canada

Canada

Protected B when complete

REQUISITION FOR MEASLES, MUMPS AND RUBELLA

Measles, Mumps and Rubella Unit
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-7055 Fax: (204) 318-2222
Email: nml.mmr-rro.lnm@phac-aspc.gc.ca

SENDER INFORMATION

NAME:

ADDRESS:

CITY:

PROVINCE: POSTAL CODE:

TELEPHONE: FAX:

PATIENT INFORMATION

NAME-CODE:

DATE OF BIRTH (YYYY-MM-DD):

SEX ◯ M ◯ F

MEDICAL HEALTH #:

MARS IDENTIFIER / CASE #:

SPECIMEN REF #:

DATE TAKEN (YYYY-MM-DD):

SPECIMEN INFORMATION

☐ SERUM ☐ VIRAL ISOLATE ☐ BUCCAL SWAB
☐ URINE ☐ THROAT SWAB
☐ SALIVA ☐ PAROTID DUCT SWAB
☐ CSF ☐ NASOPHARYNGEAL SWAB
☐ OTHER (SPECIFY):

FOR SSPE:

SERUM:

TOTAL IgG: mg/L

TOTAL ALBUMIN: mg/L

CSF:

TOTAL IgG: mg/L

TOTAL ALBUMIN: mg/L

SUSPECTED PATHOGEN

☐ MEASLES VIRUS ☐ MUMPS VIRUS ☐ RUBELLA VIRUS

TEST REQUESTED

☐ RUBELLA IgG AVIDITY [1] ☐ SSPE DIAGNOSTICS [1]
☐ ELISA – IgG TITRE [1] ☐ ELISA – IgG [1] ☐ ELISA – IgM [1]
☐ GENOTYPING ☐ MOLECULAR DETECTION (PCR)
☐ GENOTYPING - MEASLES VACCINE SUSPECTED

[1] Please contact the Measles, Mumps and Rubella laboratory prior to submission.

CLINICAL HISTORY

☐ KOPLIK SPOTS ☐ PAROTITIS
☐ CORYZA ☐ COUGH
☐ FEVER ☐ HEADACHE
☐ MACULOPAPULAR RASH ☐ RASH
☐ ENCEPHALITIS ☐ PCR POSITIVE
☐ OTHER (SPECIFY):
☐ PREGNANT (GESTATIONAL WEEK):

TRAVEL HISTORY AND DATE (YYYY-MM-DD):

DATE OF RASH ONSET (YYYY-MM-DD):

DATE OF FEVER ONSET (YYYY-MM-DD):

SEROLOGY RESULTS:

VACCINATION HISTORY

☐ MMR / MMR-V (IF RECENT) DATE (YYYY-MM-DD):

☐ OTHER:

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.

June 2026