



# REQUISITION FOR ENTEROVIRUSES AND ENTERIC VIRUSES

**Enteroviruses and Enteric Viruses**  
National Microbiology Laboratory  
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## SENDER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

## PATIENT INFORMATION

PATIENT INITIALS - CODE: \_\_\_\_\_

DATE OF BIRTH (YYYY-MM-DD): \_\_\_\_\_

SEX ☐ M ☐ F

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

## SPECIMEN INFORMATION

### FOR PRIMARY SPECIMENS:

SPECIMEN REF #: \_\_\_\_\_

COLLECTION DATE (YYYY-MM-DD): \_\_\_\_\_

☐ STOOL

☐ OTHER (SPECIFY): \_\_\_\_\_

### FOR VIRAL ISOLATES:

SPECIMEN REF #: \_\_\_\_\_

ORIGINAL SPECIMEN: \_\_\_\_\_

COLLECTION DATE (YYYY-MM-DD): \_\_\_\_\_

OTHER TEST RESULTS (eg EV RT-PCR): \_\_\_\_\_

## SUSPECTED VIRUS

☐ ENTEROVIRUS

☐ PARECHOVIRUS

☐ POLIOVIRUS

☐ NOROVIRUS

☐ OTHER (SPECIFY): \_\_\_\_\_

## TEST REQUESTED

☐ ENTEROVIRUS AND HUMAN PARECHOVIRUS DETECTION/  
TYPING

☐ POLIOVIRUS DETECTION AND MOLECULAR  
CHARACTERIZATION

☐ NOROVIRUS MOLECULAR DETECTION/TYPING

## CLINICAL HISTORY

☐ PARALYSIS

☐ VOMITING

☐ DIARRHEA

☐ ASEPTIC MENINGITIS

☐ MYOCARDITIS

☐ ACUTE HEMORRHAGIC CONJUNCTIVITIS

☐ PERICARDITIS

☐ HERPANGINA

☐ HAND-FOOT-MOUTH DISEASE

☐ EPIDEMIC PLEURODYNIA

OTHER: \_\_\_\_\_

### RECENT POLIO VACCINATIONS:

☐ IPV

☐ bOPV

☐ mOPV2

☐ nOPV2

## TRAVEL HISTORY

LOCATION(S): \_\_\_\_\_

DATE(S) (YYYY-MM-DD): \_\_\_\_\_

## FOR POLIOVIRUS EVENTS/OUTBREAKS

EVENT/OUTBREAK CODE: \_\_\_\_\_