



REQUISITION FOR MOLECULAR TESTING FOR SELECTED ZONOTIC AGENTS IN HUMAN SPECIMENS

Field Studies
National Microbiology Laboratory
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SENDER INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____
PROVINCE: _____ POSTAL CODE: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____

SPECIMEN INFORMATION

SUBMITTING LAB #: _____
COLLECTION DATE (YYYY-MM-DD): _____
 WHOLE BLOOD CSF URINE
 BIOPSY SYNOVIAL FLUID
 OTHER (SPECIFY): _____

REQUESTED SERVICE(S)

- PCR
- Anaplasma phagocytophilum*
 - Babesia* spp.
 - Bartonella* spp.
 - Borrelia burgdorferi* sensu lato²
 - Ehrlichia chaffeensis* ¹
 - Leptospira* spp.
 - Relapsing fever *Borrelia* ¹

PATIENT INFORMATION

NAME-CODE: _____
DATE OF BIRTH (YYYY-MM-DD): _____
PATIENT HEALTH #: _____
DATE OF ONSET (YYYY-MM-DD): _____

	YES	NO	UNKNOWN
TREATMENT:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXPOSURE TO TICKS/ANIMALS:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF YES, SPECIFY TYPE OF EXPOSURE:	_____		
RECENT TRAVEL (WITHIN 1 YEAR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF YES: SPECIFY LOCATIONS:	_____		
SPECIFY DATES:	_____		

COMMENTS

SYMPTOMS

¹Samples not accompanied by relevant patient and travel information may be subject to rejection. For current acceptance criteria, please refer to the NML Guide to Services.

²Sample must have accompanying date of onset and symptomatology. Submissions missing the information are subject to rejection.

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.