SENDER INFORMATION

NAME: ______

ADDRESS: ______

CITY: ______

PROVINCE: ______ POSTAL CODE: ______

TELEPHONE: ______ FAX: ______

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

Canada

Protected B when complete

REQUISITION FOR MUMPS GENOTYPING (BULK SUBMISSION)

Measles, Mumps and Rubella Unit
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6024 Fax: (204) 318-2222

Email: nml.mmr-rro.lnm@phac-aspc.gc.ca

UNIQUE PATIENT IDENTIFIER (NAME, CODE OR MEDICAL HEALTH #)	DATE OF BIRTH (YYYY-MM-DD)	GENDER	SPECIMEN REF#	COLLECTION DATE (YYYY-MM-DD)	SPECIMEN INFORMATION	DATE OF ONSET (YYYY-MM-DD)	TRAVEL HISTORY/ ADDITIONAL INFORMATION	MUMPS RT-PCR RESULT (CP/CT VALUE)
		◯ M ◯ F			☐ BUCCAL SWAB ☐ URINE ☐ OTHER (SPECIFY): ______			
		◯ M ◯ F			☐ BUCCAL SWAB ☐ URINE ☐ OTHER (SPECIFY): ______			
		◯ M ◯ F			☐ BUCCAL SWAB ☐ URINE ☐ OTHER (SPECIFY): ______			
		◯ M ◯ F			☐ BUCCAL SWAB ☐ URINE ☐ OTHER (SPECIFY): ______			
		◯ M ◯ F			☐ BUCCAL SWAB ☐ URINE ☐ OTHER (SPECIFY): ______			

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.