



REQUISITION FOR ANTIVIRAL SUSCEPTIBILITY OF SARS-CoV-2

Influenza, Respiratory Viruses and Coronaviruses
National Microbiology Laboratory
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SENDER INFORMATION

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

LABORATORY NUMBER				
GEOGRAPHICAL LOCATION OF PATIENT				
PATIENT DATE OF BIRTH (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
SEX	<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
ANTIVIRAL SUSCEPTIBILITY TESTING REQUIRED	<input type="checkbox"/> PAXLOID <input type="checkbox"/> REMDESIVIR	<input type="checkbox"/> PAXLOID <input type="checkbox"/> REMDESIVIR	<input type="checkbox"/> PAXLOID <input type="checkbox"/> REMDESIVIR	<input type="checkbox"/> PAXLOID <input type="checkbox"/> REMDESIVIR
DATE OF SPECIMEN COLLECTION (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
DATE OF ONSET OF ILLNESS (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
START DATE OF TREATMENT (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
TREATMENT DURATION				
SARS-CoV-2 (SUB)-LINEAGE (IF KNOWN)				
GISAID ACCESSION ID OR NATIONAL GENOMICS DATABASE ID (NML LAB ID#)				
SPECIMEN TYPE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE	<input type="checkbox"/> NASOPHARYNGEA <input type="checkbox"/> THROAT <input type="checkbox"/> CULTURE

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.