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

Canada

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REQUISITION FOR ANTIVIRAL SUSCEPTIBILITY TESTING FOR SARS-CoV-2

Influenza, Respiratory Viruses and Coronaviruses
National Microbiology Laboratory
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Telephone: (204) 789-6049 Fax: (204) 789-2082
Email: nml.irv-ivr.lnm@phac-aspc.gc.ca

SENDER INFORMATION

NAME: _____ PROVINCE: _____ POSTAL CODE: _____

ADDRESS: _____ TELEPHONE: _____ FAX: _____

CITY: _____

LABORATORY NUMBER				
DATE OF SPECIMEN COLLECTION (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
GEOGRAPHICAL LOCATION OF PATIENT				
PATIENT DATE OF BIRTH (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
SEX	◯ M ◯ F ◯ U	◯ M ◯ F ◯ U	◯ M ◯ F ◯ U	◯ M ◯ F ◯ U
ANTIVIRAL SUSCEPTIBILITY TESTING REQUIRED	☐ PAXLOVID ☐ REMDESIVIR	☐ PAXLOVID ☐ REMDESIVIR	☐ PAXLOVID ☐ REMDESIVIR	☐ PAXLOVID ☐ REMDESIVIR
SPECIMEN TYPE	◯ NASOPHARYNGEAL ◯ THROAT ◯ CULTURE Passage # Other (Specify):	◯ NASOPHARYNGEAL ◯ THROAT ◯ CULTURE Passage # Other (Specify):	◯ NASOPHARYNGEAL ◯ THROAT ◯ CULTURE Passage # Other (Specify):	◯ NASOPHARYNGEAL ◯ THROAT ◯ CULTURE Passage # Other (Specifiy):
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)				
SEQUENCE ACCESSION ID (IF KNOWN)	◯ ID# ◯ To be provided at later date ◯ No ID, sequenced internally ◯ Not sequenced	◯ ID# ◯ To be provided at later date ◯ No ID, sequenced internally ◯ Not sequenced	◯ ID# ◯ To be provided at later date ◯ No ID, sequenced internally ◯ Not sequenced	◯ ID# ◯ To be provided at later date ◯ No ID, sequenced internally ◯ Not sequenced

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.

July 2026