

## DBS Requisition: HIV, HCV, Syphilis & HBsAg

**National Laboratory for HIV Reference Services (NLHRS)**

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For NLHRS

**Please refer to the NLHRS specimens submissions guidelines and the DBS collection, packaging & storage guidelines**

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**Submitter Information**

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Name of Site:

**Contact/email  
for Final Report:**

City:

Province:

Postal Code:

Telephone:

Shipper's name:

Shipper's signature: .....

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**Specimen Information**

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Date Collected (*dd-mm-yyyy*):

DBS

# of cards

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**Patient Information**

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Specimen Ref #:

Date of Birth (*dd-mm-yyyy*)Has this patient been tested previously at NLHRS?  
(if yes provide submitter code and/or NML#)☐ No ☐ Yes

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**Test Requested (Please number in order of priority)**☐ HIV☐ HCV☐ Syphilis (Screen only)☐ HBsAg

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**Additional Information**

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