



REQUISITION FOR ADENOVIRUS GENOTYPING

Influenza, Respiratory Viruses and Coronaviruses

National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6049 Fax: (204) 789-2082

SENDER INFORMATION

NAME:

PROVINCE:

POSTAL CODE:

ADDRESS:

TELEPHONE:

FAX:

CITY:

CONTACT NML BEFORE SENDING ANY SPECIMENS.

LABORATORY NUMBER	DATE OF BIRTH (YYYY-MM-DD)	SEX	COLLECTION DATE (YYYY-MM-DD)	SPECIMEN INFORMATION
	YYYY-MM-DD	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O		Adenovirus isolate required
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COMMENTS

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.