



# REQUISITION FOR MOLECULAR DIAGNOSTIC OF RESPIRATORY VIRUSES

**Influenza, Respiratory Viruses and Coronaviruses**  
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## SENDER INFORMATION

**CONTACT NML BEFORE SENDING ANY SPECIMENS.**

INSTITUTION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

## PATIENT INFORMATION

NAME-CODE: \_\_\_\_\_

DATE OF BIRTH (YYYY-MM-DD): \_\_\_\_\_

SEX       M     F     O

CITY: \_\_\_\_\_

OTHER INFORMATION:

## TRAVEL HISTORY

TRAVEL LOCATION(S): \_\_\_\_\_

DEPARTURE/RETURN DATES (YYYY-MM-DD): \_\_\_\_\_

## SPECIMEN INFORMATION

LABORATORY NUMBER: \_\_\_\_\_

NASOPHARYNGEAL SWAB       THROAT SWAB

OTHER (SPECIFY): \_\_\_\_\_

SPECIMEN COLLECTION DATE (YYYY-MM-DD): \_\_\_\_\_

OTHER INFORMATION:

## TEST REQUESTED

RESPIRATORY VIRUS PANEL

OR SELECT:

HUMAN ZONOTIC INFLUENZA A

INFLUENZA A

PARAINFLUENZA 1

HCoV-229-E

INFLUENZA B

PARAINFLUENZA 2

HCoV OC-43

ADENOVIRUS

PARAINFLUENZA 3

HCoV NL63

HBoV

PARAINFLUENZA 4

HCoV (SARS-CoV)

HMPV

RHINOVIRUS

HCoV (MERS-CoV)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

HCoV (SARS-CoV-2)

## ADDITIONAL INFORMATION

Note: This form should accompany the specimens.