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

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# REQUISITION FOR THE NATIONAL INFLUENZA SURVEILLANCE PROGRAM AND WHO GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM

**Influenza, Respiratory Viruses and Coronaviruses**
National Microbiology Laboratory
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## SENDER INFORMATION

NAME: _____ PROVINCE: _____ POSTAL CODE: _____

ADDRESS: _____ TELEPHONE: _____ FAX: _____

CITY: _____

**SAMPLES RECEIVED THREE MONTHS AFTER COLLECTION WILL NOT BE TESTED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH THE SECTION MANAGER.**

| | | | | |
|---|---|---|---|---|
| **NETWORK ID** | ◯ National Surveillance<br>◯ SPSN<br>◯ Other: | ◯ National Surveillance<br>◯ SPSN<br>◯ Other: | ◯ National Surveillance<br>◯ SPSN<br>◯ Other: | ◯ National Surveillance<br>◯ SPSN<br>◯ Other: |
| **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 |
| **SPECIMEN TYPE** | ◯ NASOPHARYNGEAL<br>◯ THROAT<br>◯ CULTURE<br>Passage #<br>Other (Specify): | ◯ NASOPHARYNGEAL<br>◯ THROAT<br>◯ CULTURE<br>Passage #<br>Other (Specify): | ◯ NASOPHARYNGEAL<br>◯ THROAT<br>◯ CULTURE<br>Passage #<br>Other (Specify): | ◯ NASOPHARYNGEAL<br>◯ THROAT<br>◯ CULTURE<br>Passage #<br>Other (Specify): |
| **INFLUENZA TYPE * (FLU A OR FLU B)** | ☐ FLU A ☐ H1N1 2009<br>☐ FLU B ☐ H3 | ☐ FLU A ☐ H1N1 2009<br>☐ FLU B ☐ H3 | ☐ FLU A ☐ H1N1 2009<br>☐ FLU B ☐ H3 | ☐ FLU A ☐ H1N1 2009<br>☐ FLU B ☐ H3 |
| **SEQUENCE ACCESSION ID (IF AVAILABLE)** | ◯ ID#<br>◯ To be provided at later date<br>◯ No ID, sequenced internally<br>◯ Not sequenced | ◯ ID#<br>◯ To be provided at later date<br>◯ No ID, sequenced internally<br>◯ Not sequenced | ◯ ID#<br>◯ To be provided at later date<br>◯ No ID, sequenced internally<br>◯ Not sequenced | ◯ ID#<br>◯ To be provided at later date<br>◯ No ID, sequenced internally<br>◯ Not sequenced |
| **SELECTION CRITERIA** | ☐ RANDOM SAMPLING<br>☐ OUTBREAK INVESTIGATION<br>☐ ANTIVIRAL RESISTANCE | ☐ RANDOM SAMPLING<br>☐ OUTBREAK INVESTIGATION<br>☐ ANTIVIRAL RESISTANCE | ☐ RANDOM SAMPLING<br>☐ OUTBREAK INVESTIGATION<br>☐ ANTIVIRAL RESISTANCE | ☐ RANDOM SAMPLING<br>☐ OUTBREAK INVESTIGATION<br>☐ ANTIVIRAL RESISTANCE |
| **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.

July 2026