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

Canada

Protected B when complete

REQUISITION FOR DRUG SUSCEPTIBILITY TESTING FOR INFLUENZA VIRUS

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:

LABORATORY NUMBER				
DRUG SUSCEPTIBILITY REQUIRED	☐ OSELTAMIVIR ☐ ZANAMIVIR ☐ AMANTADINE	☐ OSELTAMIVIR ☐ ZANAMIVIR ☐ AMANTADINE	☐ OSELTAMIVIR ☐ ZANAMIVIR ☐ AMANTADINE	☐ OSELTAMIVIR ☐ ZANAMIVIR ☐ AMANTADINE
INFLUENZA TYPE	☐ FLU A ☐ H3 ☐ FLU B ☐ H1N1 2009	☐ FLU A ☐ H3 ☐ FLU B ☐ H1N1 2009	☐ FLU A ☐ H3 ☐ FLU B ☐ H1N1 2009	☐ FLU A ☐ H3 ☐ FLU B ☐ H1N1 2009
PATIENT DATE OF BIRTH (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
SEX	◯ M ◯ F ◯ O	◯ M ◯ F ◯ O	◯ M ◯ F ◯ O	◯ M ◯ F ◯ O
GEOGRAPHICAL LOCATION OF PATIENT				
DATE OF ONSET OF ILLNESS (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
DATE OF SPECIMEN COLLECTION (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
SPECIMEN TYPE	☐ NASOPHARYNGEA ☐ THROAT ☐ CULTURE OTHER (Specify):	☐ NASOPHARYNGEA ☐ THROAT ☐ CULTURE OTHER (Specify):	☐ NASOPHARYNGEA ☐ THROAT ☐ CULTURE OTHER (Specify):	☐ NASOPHARYNGEA ☐ THROAT ☐ CULTURE OTHER (Specify):
START DATE OF TREATMENT (YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
TREATMENT DURATION				

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.

May 2025