



# REQUISITION FOR MEASLES, MUMPS AND RUBELLA

**Measles, Mumps and Rubella Unit**  
National Microbiology Laboratory  
1015 Arlington Street, Winnipeg, MB R3E 3R2  
Telephone: (204) 789-6024 or 789-7055 Fax: (204) 318-2222

## SENDER INFORMATION

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

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

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

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

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

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

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

## PATIENT INFORMATION

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

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

SEX  M  F

MEDICAL HEALTH #: \_\_\_\_\_

MARS IDENTIFIER / CASE #: \_\_\_\_\_

SPECIMEN REF #: \_\_\_\_\_

DATE TAKEN (YYYY-MM-DD): \_\_\_\_\_

## SPECIMEN INFORMATION

SERUM  VIRAL ISOLATE  BUCCAL SWAB

URINE  THROAT SWAB

SALIVA  PAROTID DUCT SWAB

CSF  NASOPHARYNGEAL SWAB

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

### FOR SSPE:

#### SERUM:

TOTAL IgG: \_\_\_\_\_ mg/L

TOTAL ALBUMIN: \_\_\_\_\_ mg/L

#### CSF:

TOTAL IgG: \_\_\_\_\_ mg/L

TOTAL ALBUMIN: \_\_\_\_\_ mg/L

## SUSPECTED PATHOGEN

MEASLES VIRUS

MUMPS VIRUS

RUBELLA VIRUS

## TEST REQUESTED

RUBELLA IgG AVIDITY <sup>1</sup>

SSPE DIAGNOSTICS <sup>1</sup>

ELISA – IgG TITRE <sup>1</sup>

ELISA – IgG <sup>1</sup>

ELISA – IgM <sup>1</sup>

GENOTYPING

MOLECULAR DETECTION (PCR)

GENOTYPING - MEASLES VACCINE SUSPECTED

<sup>1</sup> Please contact the Measles, Mumps and Rubella laboratory prior to submission.

## CLINICAL HISTORY

KOPLIK SPOTS

PAROTITIS

CORYZA

COUGH

FEVER

HEADACHE

MACULOPAPULAR RASH

RASH

ENCEPHALITIS

PCR POSITIVE

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

PREGNANT (GESTATIONAL WEEK): \_\_\_\_\_

TRAVEL HISTORY AND DATE (YYYY-MM-DD): \_\_\_\_\_

DATE OF RASH ONSET (YYYY-MM-DD): \_\_\_\_\_

DATE OF FEVER ONSET (YYYY-MM-DD): \_\_\_\_\_

SEROLOGY RESULTS: \_\_\_\_\_

## VACCINATION HISTORY

MMR / MMR-V (IF RECENT) DATE (YYYY-MM-DD): \_\_\_\_\_

OTHER: \_\_\_\_\_