Alberta Health Services

Virology Requisition
Microbiology and Public Health

Provincial Laboratory for Public Health
3030 Hospital Drive NW, Calgary, AB T2N 4W4
Phone: (403) 944-1200 Fax: (403) 944-1701

Ordering Physician			Patient PHN	DOB *(yyyy-Mon-dd)*	Copy to Physician
Address			Patient Name *(Last/ First)*	☐ M ☐ F	Address
City	Province	Postal Code	Address		City/Province/Postal Code
Phone #	Fax #		City/Province /Postal Code		Fax # **EI #**

Specimen Type and Source

☐ Blood
☐ Urethral Swab
☐ Cervical Swab
☐ Vaginal Swab
☐ Lesion *(specify)* _____
☐ Eye Swab
☐ Eye Fluid *(specify)* _____
☐ Buccal Swab
☐ Stool
☐ Urine
☐ Nasopharyngeal Swab
☐ Nasopharyngeal Aspirate
☐ Throat Swab
☐ Bronchoalveolar Lavage
☐ Auger Suction
☐ CSF
☐ Fluid *(specify)* _____
☐ Biopsy *(specify)* _____
☐ Autopsy *(specify)* _____
☐ Other _____

General History *(required where indicated)*

☐ General *(fatigue, myalgia)*
☐ Rash *(specify)* _____
☐ Fever
☐ Gastrointestinal
☐ Adenopathy
☐ Respiratory
☐ Neurological
☐ Other _____

Date of Onset of illness *(Required)* *(yyyy-Mon-dd)*

Relevant Immunization(s) Date(s) *(yyyy-Mon-dd)*

Recent Travel ***(Indicate Country)***

Date of Return *(yyyy-Mon-dd)*

Antibody Testing *(Past Exposure/Immunity)*

☐ Measles IgG 62
☐ Rubella IgG 55
☐ CMV IgG 56
☐ Mumps IgG 64
☐ Parvovirus B19 IgG 96
☐ Varicella zoster IgG 66
☐ Herpes simplex IgG 58
☐ Toxoplasma IgG 310
☐ Diphtheria/Tetanus IgG 310
☐ Rabies Immunity 76
☐ Other *(specify)*_____

Hepatitis A

☐ HAV IgM 411
☐ HAV IgG *(Immunity)* 410

Hepatitis B

☐ HBsAg *(surface antigen)* 443
☐ anti-HBs *(antibody to surface antigen)* 444
☐ anti-HBc Total *(Total antibody to core)* 445

Hepatitis C

☐ HCV *(antibody to HCV)* 454

Hepatitis Other

☐ Hepatitis E antibody 460 *(Specify Travel History)*
☐ Other *(specify)*_____ _____

Blood/ Body Fluid Exposure

(or Occupational Exposure)

☐ Source Patient ☐ Exposed Patient
☐ HBsAg, anti-HBs, HCV, HIV 443,444,454,510

Date/Time of Collection *(yyyy-Mon-dd)*

Antibody Testing for Acute/Symptomatic

(Requires History)

☐ Measles IgM 63
☐ CMV IgM 57
☐ Parvovirus B19 IgM 97
☐ EBV (VCA) IgM 53
☐ Varicella zoster IgM 67
☐ Mycoplasma IgM 32
☐ Toxoplasma IgM 310
☐ West Nile Virus *(2 SST and 2 EDTA)*
☐ Other *(specify)*_____
☐ Rubella IgM 61
☐ Mumps IgM 65
☐ Syphilis 227
☐ Lyme Disease 19

Zoonotic Serology Testing

(Requires History)

☐ Hantavirus 82
☐ Bartonella 90
☐ Dengue 74
☐ Arbovirus *(specify)* _____74
☐ Psittacosis/Ornithosis 191
☐ Ehrlichia/Anaplasma 203
☐ Other *(specify)* _____
☐ Q Fever 73
☐ Rickettsia 73

☐ HIV 510

Collected by

Detection of Virus

(Physician to Collect Non Blood Samples)

☐ Respiratory Viruses
☐ Measles
☐ Mumps
☐ Herpes Simplex
☐ CMV
☐ Varicella Zoster
☐ Enterovirus
☐ West Nile Virus
☐ Enteric/Diarrheal Viruses
  ☐ Sporadic
  ☐ Outbreak ***(EI #*** _____ ***)***
☐ Other
*(specify)*_____