Alberta Health Services

Provincial Laboratory for Public Health

Zoonotic Serology Requisition

Accession # *(lab only)*

Edmonton Site 8440-112 St. T6G 2J2
Phone 780.407.7121 Fax 780.407.3864
Virologist/Microbiologist-on-call 780.407.8822

Calgary Site 3030 Hospital Dr NW T2N 4W4
Phone 403.944.1200 Fax 403.270.2216
Virologist/Microbiologist-on-call 403.944.1200

- Use this requisition when ordering Molecular Testing for infectious agents listed below
- For further information on ordering and testing criteria refer to the Provincial Laboratory Guide to Services and the companion Zoonotic Testing Supplement document located on the ProvLab website **www.provlab.ab.ca/education.htm**

Patient

PHN	Alternate Identifier	Date of Birth *(yyyy-Mon-dd)*		
Last Name	First Name	Middle	Gender ☐ M ☐ F	Phone
Address	City/Town	Prov	Postal Code	Location

Requestor

Requestor Name *(last, first)*	Location/Facility/Address	Phone	Healthcare Provider ID
Copy to *(last, first)*	Location/Facility/Address	Phone	Healthcare Provider ID

Specimen	☐ Blood ☐ Other ______	Date *(yyyy-Mon-dd)*	Time *(24 hr)*	Location	Collector ID

Mandatory Clinical History

Check Primary Symptoms/Manifestations
- ☐ Rash *(specify)* ______
- ☐ Fever *(specify)* ______
- ☐ Neurologic *(specify)* ______
- ☐ Respiratory
- ☐ Polyarthritis
- ☐ Gastrointestinal
- ☐ Other *(specify)* ______

Countries visited within past 3 months before onset of symptoms ______

Date of return *(yyyy-Mon-dd)* ______

Date of onset *(yyyy-Mon-dd)* ______

Previous blood sent ☐ No ☐ Yes, Approx. Date ______

Pregnant? ☐ No ☐ Yes , Gestational Age ______

Must contact Virologist/Microbiologist-on-Call before collecting/submitting samples for Viral hemorrhagic fevers *(e.g., Lassa, Yellow Fever)*, Herpes B, Nipah/Hendraviruses, Pox viruses *(excluding Molluscum Contagiosum)*, Rabies infection or post exposure.

Mosquito Borne Diseases

Bitten? ☐ Yes ☐ No ☐ Unknown

Test	Code
☐ West Nile Virus	WNV
☐ Dengue Virus	DENG AB
☐ Chikungunya Virus	DENG AB, ARBO
☐ Jamestown Canyon/Snowshoe Hare Virus	ARBO
☐ Eastern Equine Encephalitis Virus	ARBO
☐ Japanese Encephalitis Virus	ARBO
☐ Yellow Fever Virus	ARBO
Vaccination ☐ No ☐ Yes, Date of Vaccination ______	
☐ Zika Virus	ARBO
☐ Other *(specify)* ______	

Tick Borne Diseases

Bitten? ☐ Yes ☐ No ☐ Unknown

Antibiotic Treatment ☐ Yes ☐ No ☐ Unknown ☐ N/A

Test	Code
☐ Lyme Disease	LYME AB
☐ *Anaplasma phagocytophilium*	APHAG SERO
☐ Powassan Virus	ARBO
☐ Rocky Mountain Spotted Fever *(R.rickettsii)*	RICKET
☐ Scrub typhus *(O tsutsugamushi)*	MISC REF
☐ Murine typhus *(R.typhi)*	RICKET
☐ Rickettsia sp *(specify)* ______	MISC REF

Other Infections

☐ *Bartonella henselae* — BART
Contact/scratch by cat?
☐ Yes, Date of Contact ______
☐ No ☐ Unknown

☐ *Leptospira sp* — LEPTO
Contact with fresh, contaminated, flood water, animal sources, other *(specify)* ______
☐ Yes, Date of Contact ______
☐ No ☐ Unknown

☐ Hantavirus — HANTA
Exposure to mice droppings/urine?
☐ Yes, Date of Contact ______
☐ No ☐ Unknown

☐ *Chlamydophila psittaci* — CPSIT SERO
Testing requirements are history of close contact with potentially infected birds/occupational exposures *(e.g. pet shops, aviaries)*
☐ Yes - Specify contact type ______
Date of Exposure ______

☐ Q fever *(Coxiella burnetii)* — QFEV
☐ Yes - Specify contact type ______
Date of Exposure ______

☐ Rabies immunity only — RABIES
Date of Vaccination ______

☐ Other *(specify)* ______