Use this requisition when ordering Serology and Molecular Testing for infectious agents listed below.

For other agents or more information on ordering and testing criteria, please refer to the Guide to Services and the Zoonotic Testing Supplement available on our webpage https://www.albertahealthservices.ca/lab/page3317.aspx/education.htm

**Mandatory Clinical History**

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

**Countries visited within past 3 months before onset of symptoms**
- Date of return (yyy-Mon-dd)
- Date of onset (yyy-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**

- West Nile Virus
- Dengue Virus
- Chikungunya Virus
- Jamestown Canyon/Snowshoe Hare Virus
- Eastern Equine Encephalitis Virus
- Japanese Encephalitis Virus
- Yellow Fever Virus
- Vaccine
- Zika Virus
- Other (specify)

**Other Infections**

- Bartonella henselae/quintana
- Leptospirosis
- Hantavirus
- Q fever (Coxiella burnetii)
- Rabies immunity

**Tick Borne Diseases**

- Lyme Disease
- Anaplasma phagocytophilum
- Powassan Virus
- Rocky Mountain Spotted Fever
- Scrub typhus (O.tsutsugamushi)
- Murine typhus (R.typhi)
- Rickettsia sp

- Yes
- No
- Unknown
- N/A