Alberta Health Services

Provincial Laboratory for Public Health

Zoonotic Testing 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 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*

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 Collected *(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

☐ West Nile Virus	WNV
☐ Dengue Virus	DENG AB
☐ Chikungunya Virus	CHIK V AB
☐ 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	ZIKA V AB

☐ Other *(specify)* _____

Tick Borne Diseases

Bitten? ☐ Yes ☐ No ☐ Unknown

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

☐ 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/quintana* BART
Specify Contact or Reason for Testing _____
Date of Onset of Illness _____

☐ *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

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

☐ Rabies immunity ONLY RABIES
Date of Vaccination _____

☐ Other *(specify)* _____