

# Provincial Laboratory for Public Health Zoonotic Testing Requisition



**ALBERTA  
PRECISION  
LABORATORIES**  
Leaders in  
Laboratory Medicine

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**

Scanning Label or Accession # (*lab only*)

<b>Patient</b>	PHN	Expiry: _____	Date of Birth ( <i>dd-Mon-yyyy</i> )		
	Legal Last Name	Legal First Name		Alternate Identifier	
	Middle Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X Non-binary/Prefer not to disclose	Phone	
	Address		City/Town	Prov	Postal Code
<b>Provider(s)</b>	Authorizing Provider Name ( <i>last, first, middle</i> )			Copy to Name ( <i>last, first, middle</i> )	Copy to Name ( <i>last, first, middle</i> )
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
	Clinic Name			Clinic Name	Clinic Name
<b>Collection</b>	Date ( <i>dd-Mon-yyyy</i> )	Time ( <i>24 hr</i> )	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*) \_\_\_\_\_

### 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*) \_\_\_\_\_

### Tick Borne Diseases

- Bitten?**  Yes  No  Unknown
- Antibiotic Treatment  Yes  No  Unknown  N/A
- Lyme Disease LYME AB  
 *Anaplasma phagocytophilum* 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