

Zoonotic Testing Requisition

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 <input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> Blood <input type="checkbox"/> Other _____		Date Collected (yyyy-Mon-dd)	Time (24 hr)	Location		Collector ID

Mandatory Clinical History

Check Primary Symptoms/Manifestations <input type="checkbox"/> Rash (specify) _____ <input type="checkbox"/> Fever (specify) _____ <input type="checkbox"/> Neurologic (specify) _____ <input type="checkbox"/> Respiratory _____ <input type="checkbox"/> Polyarthritis _____ <input type="checkbox"/> Gastrointestinal _____ <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Yes, Approx. Date _____ Pregnant? <input type="checkbox"/> No <input type="checkbox"/> 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	Other Infections
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Bitten? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> West Nile Virus WNV <input type="checkbox"/> Dengue Virus DENG AB <input type="checkbox"/> Chikungunya Virus DENG AB, ARBO <input type="checkbox"/> Jamestown Canyon/Snowshoe Hare Virus ARBO <input type="checkbox"/> Eastern Equine Encephalitis Virus ARBO <input type="checkbox"/> Japanese Encephalitis Virus ARBO <input type="checkbox"/> Yellow Fever Virus ARBO Vaccination <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Vaccination _____ <input type="checkbox"/> Zika Virus ARBO <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> <i>Bartonella henselae</i> BART Contact/scratch by cat? <input type="checkbox"/> Yes, Date of Contact _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <i>Leptospira sp</i> LEPTO Contact with fresh, contaminated, flood water, animal sources, other (specify) _____ <input type="checkbox"/> Yes, Date of Contact _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Hantavirus HANTA Exposure to mice droppings/urine? <input type="checkbox"/> Yes, Date of Contact _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Tick Borne Diseases	Other Infections
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Bitten? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Antibiotic Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> Lyme Disease LYME AB <input type="checkbox"/> <i>Anaplasma phagocytophilum</i> APHAG SERO <input type="checkbox"/> Powassan Virus ARBO <input type="checkbox"/> Rocky Mountain Spotted Fever (<i>R.rickettsii</i>) RICKET <input type="checkbox"/> Scrub typhus (<i>O tsutsugamushi</i>) MISC REF <input type="checkbox"/> Murine typhus (<i>R.typhi</i>) RICKET <input type="checkbox"/> Rickettsia sp (specify) MISC REF	<input type="checkbox"/> <i>Chlamydomphila psittaci</i> CPSIT SERO Testing requirements are history of close contact with potentially infected birds/occupational exposures (e.g. pet shops, aviaries) <input type="checkbox"/> Yes - Specify contact type _____ Date of Exposure _____ <input type="checkbox"/> Q fever (<i>Coxiella burnetii</i>) QFEV <input type="checkbox"/> Yes - Specify contact type _____ Date of Exposure _____ <input type="checkbox"/> Rabies immunity only RABIES Date of Vaccination _____ <input type="checkbox"/> Other (specify) _____
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