**Patient Information**

**Date of onset**

Duration of symptoms

**Immunocompromised**

**Reason for Testing**

List Countries visited within past 3 months of symptom onset OR provide relevant travel history

**Date of return**

Relevant immunizations and dates

**Date of onset OR Duration of symptoms**

Immunocompromised

**Viral Serology**

- CMV IgG
- EBV Panel
- HSV IgG
- Measles IgG
- Mumps IgG
- Parvovirus B19 IgG
- Rubella IgG
- Varicella zoster IgG
- CMV IgM
- Measles IgM
- Mumps IgM
- Parvovirus B19 IgM
- Rubella IgM
- HIV Serology

**Parasite Serology**

- Strongyloides
- Toxoplasma

**Bacterial Serology**

- Brucella
- Diphtheria antitoxin
- Mycoplasma pneumoniae
- Syphilis
- Tetanus antitoxin

**Fungal Serology**

- Blastomyces
- Coccidioides
- Cryptococcal Antigen
- Galactomannan
- Histoplasma

**Specifying Other Serology and Molecular Tests**

- Blood
- Bone Marrow
- Cord Blood

- Tissue
  - Autopsy (specify)
  - Biopsy (specify)

- Specimen/Type Source - Specify

- Fluid
  - CSF
  - Aquous
  - Vitreous

- Swab
  - Buccal
  - Cervical
  - Eye (specify)
  - Lip
  - Lesion (specify)

- Other
  - Mouth
  - Nasopharyngeal
  - Rectal
  - Throat
  - Urethral

- Date of Collection (yyyy-Mon-dd)

- Time (24 hr)

- Location Collector ID

- Accession # (lab only)

- Provide Clinical History or Reason for Testing below - Testing will NOT proceed if this section is incomplete

- List Countries visited within past 3 months of symptom onset OR provide relevant travel history

- Date of return (yyyy-Mon-dd)

- Relevant immunizations and dates

- Immunocompromised

- No
- Yes (details)

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- Yes (details)

- Specify Other Serology and Molecular Tests
Virologist-on-Call for help with interpretations.

Reference Centre for Parasitology or other Reference Laboratories for testing.

Tests listed below are for diagnosis and monitoring in transplant and immunocompromised patients or to help clarify the diagnosis in Parasite and Fungal Serology:

As IgM antibody testing can be helpful in diagnosing acute symptomatic infections, testing WILL ONLY BE PERFORMED when symptoms and date of onset of illness are provided. Testing for IgM antibody in asymptomatic patients can result in false positives. IgM antibody can persist for long periods; consult the Virologist-on-Call for help with interpretations.

Parasite and Fungal Serology:
Travel history, symptoms and date of onset or duration of illness are MANDATORY when sending samples to the National Reference Centre for Parasitology or other Reference Laboratories for testing.

Molecular Detection [Nucleic Acid Testing (NAT)]:

<table>
<thead>
<tr>
<th>Test/Virus</th>
<th>Usual Indications</th>
<th>Usual Specimen(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV RNA (hepatitis C)</td>
<td>Assessment of viremia or treatment monitoring</td>
<td>Serum (Gold Top Vacutainer)</td>
<td></td>
</tr>
<tr>
<td>HIV QUAL</td>
<td>Diagnosis of HIV</td>
<td>EDTA blood x 2 (Lavender top vacutainer)</td>
<td>Remote users - send Plasma Preparation tubes (PPT) x 2</td>
</tr>
<tr>
<td>HIV QUANT</td>
<td>Treatment monitoring For Calgary and South Zones, orderable is MQHI through Calgary Lab Services; for the other zones testing is performed by ProvLab</td>
<td>EDTA blood</td>
<td>Remote users - send Plasma Preparation tubes (PPT) x 2</td>
</tr>
<tr>
<td>HIV proviral DNA</td>
<td>Primarily to diagnose HIV in the newborn Sent to HIV Reference Lab Monday to Thursday. Do NOT send samples on Fridays, weekends or statutory holiday, to allow for shipping.</td>
<td>EDTA blood</td>
<td></td>
</tr>
<tr>
<td>HBV DNA (hepatitis B)</td>
<td>Assessment of viremia or treatment monitoring</td>
<td>EDTA blood x 2 (Lavender top vacutainer)</td>
<td>Remote users - send Plasma Preparation tubes (PPT) x 2</td>
</tr>
<tr>
<td>Adenovirus, Cytomegalovirus, Epstein- Barr virus</td>
<td>Primarily for monitoring in transplant/significantly immunocompromised patients</td>
<td>EDTA blood</td>
<td></td>
</tr>
<tr>
<td>JC virus</td>
<td>As above</td>
<td>CSF</td>
<td></td>
</tr>
<tr>
<td>BK virus</td>
<td>As above</td>
<td>EDTA blood &amp; Urine</td>
<td></td>
</tr>
</tbody>
</table>

Hepatitis Markers – abbreviations and usual indications for testing

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<th>Usual Specimen(s)</th>
</tr>
</thead>
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<tr>
<td>HAV IgG</td>
<td>Past infection or vaccination response</td>
<td></td>
</tr>
<tr>
<td>HAV IgM</td>
<td>Recent infection</td>
<td></td>
</tr>
<tr>
<td>HBsAb</td>
<td>Antibody to hepatitis B surface antigen</td>
<td>Immunity status</td>
</tr>
<tr>
<td>HBsAg</td>
<td>Screening for acute or chronic infection</td>
<td></td>
</tr>
<tr>
<td>HBe Total Ab</td>
<td>Exposure at undetermined time</td>
<td></td>
</tr>
<tr>
<td>HBeM Ab</td>
<td>Recent infection</td>
<td></td>
</tr>
<tr>
<td>HBe Ab OR HBe Ag</td>
<td>Prognostic markers for HBV infection</td>
<td></td>
</tr>
</tbody>
</table>