



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

- Consult the Site Virologist/Microbiologist-on-Call listed above for STAT requests, and when specified in the Guide to Services
- See the **Guide to Services** (<https://www.albertahealthservices.ca/lab/page3317.aspx/education.htm>) for information on sample type, transport and testing
- For Zoonotic Infections (eg. mosquito-borne, tick-borne) use form 20087 Zoonotic Testing Requisition (<https://www.albertahealthservices.ca/frm-20087.pdf>)

Patient	PHN	Alternate Identifier	Date of Birth (yyyy-Mon-dd)		
	Last Name	First Name	Middle	Gender	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/Type Source - Specify					
Date Collected (yyyy-Mon-dd)	Time (24 hr)	Location	Collector ID	Outbreak (EI) if applicable (yyyy-###)	
Blood <input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Cord Blood	Fluid <input type="checkbox"/> CSF <input type="checkbox"/> Auger Suction <input type="checkbox"/> Bronchoalveolar Lavage (BAL) <input type="checkbox"/> Eye (Aqueous) <input type="checkbox"/> Eye (Vitreous) <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Urine	Swab <input type="checkbox"/> Buccal <input type="checkbox"/> Cervical <input type="checkbox"/> Eye (specify) _____ <input type="checkbox"/> Lip <input type="checkbox"/> Lesion (specify) _____	<input type="checkbox"/> Mouth <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Throat <input type="checkbox"/> Urethral	Other <input type="checkbox"/> Stool <input type="checkbox"/> Other (specify) _____	

Provide Clinical History or Reason for Testing below - Testing will NOT proceed if this section is incomplete	
Reason for Testing	List Countries visited within past 3 months of symptom onset OR provide relevant travel history <input type="checkbox"/> No Travel
Symptoms (Check all that apply) <input type="checkbox"/> Fever <input type="checkbox"/> Rash (type) _____ <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Respiratory (specify) _____ <input type="checkbox"/> Neurologic <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Polyarthritits	Date of return (yyyy-Mon-dd) Relevant immunizations and dates
Date of onset OR Duration of symptoms	Immunocompromised <input type="checkbox"/> No <input type="checkbox"/> Yes (details) _____

Viral Serology		Parasite Serology		Molecular Detection (NAT)	
<input type="checkbox"/> CMV IgG CMV IGG <input type="checkbox"/> EBV Panel EBV AB <input type="checkbox"/> HSV IgG HSV IGG <input type="checkbox"/> Measles IgG MEAS IGG <input type="checkbox"/> Mumps IgG MUMPS IGG <input type="checkbox"/> Parvovirus B19 IgG PARVO IGG <input type="checkbox"/> Rubella IgG RUB IGG PROV <input type="checkbox"/> Varicella zoster IgG VZV IGG	Hepatitis A <input type="checkbox"/> HAV IgG HAV IGG PROV <input type="checkbox"/> HAV IgM HAV IGM PROV Hepatitis B <input type="checkbox"/> HBsAg HBV SAG PROV <input type="checkbox"/> HBsAb HBV SAB PROV <input type="checkbox"/> HBc IgM Ab HBC IGM PROV <input type="checkbox"/> HBc Total Ab HBC TOT PROV <input type="checkbox"/> HBe Ag HBEAG PROV <input type="checkbox"/> HBe Ab HBEAB PROV Hepatitis C <input type="checkbox"/> HCV Serology HCV AB	<input type="checkbox"/> Strongyloides STRONG <input type="checkbox"/> Toxoplasma TOXO IGG Bacterial Serology <input type="checkbox"/> Brucella BRUC <input type="checkbox"/> Diphtheria antitoxin DIPHT <input type="checkbox"/> Mycoplasma pneumoniae MPNEU IGM <input type="checkbox"/> Syphilis SYPH PROV <input type="checkbox"/> Tetanus antitoxin TET ATOX	<input type="checkbox"/> Bordetella Panel BP PCR <input type="checkbox"/> CSF Viral Panel CSF PANEL <input type="checkbox"/> Entero/Parechovirus EV PEV PCR <input type="checkbox"/> Eye Viral Panel EYE PANEL <input type="checkbox"/> Gastroenteritis Viral Panel GI PANEL <input type="checkbox"/> Herpes simplex virus HS VZ PCR <input type="checkbox"/> Measles virus MEAS PCR <input type="checkbox"/> Mumps virus MUMPS PCR <input type="checkbox"/> Respiratory Pathogen Panel <input type="checkbox"/> Varicella zoster virus HS VZ PCR <input type="checkbox"/> Syphilis SYPH PCR	Restricted Molecular Testing <input type="checkbox"/> Adenovirus AD PCR <input type="checkbox"/> BK virus BKV PCR <input type="checkbox"/> Cytomegalovirus CMV PCR <input type="checkbox"/> Epstein-Barr virus EBV PCR <input type="checkbox"/> HBV DNA HBV QUANT <input type="checkbox"/> HCV RNA HCV QUANT <input type="checkbox"/> HIV QUAL HIV QUAL <input type="checkbox"/> HIV Viral Load HIV QUANT <input type="checkbox"/> JC Virus HPOLYVIR PCR	
<input type="checkbox"/> CMV IgM CMV IGM <input type="checkbox"/> Measles IgM MEAS IGM <input type="checkbox"/> Mumps IgM MUMPS IGM <input type="checkbox"/> Parvovirus B19 IgM PARVO IGM <input type="checkbox"/> Rubella IgM RUB IGM PROV			Fungal Serology <input type="checkbox"/> Blastomyces BLAST ID <input type="checkbox"/> Coccidioides <input type="checkbox"/> Cryptococcal Antigen <input type="checkbox"/> Galactomannan <input type="checkbox"/> Histoplasma HISTO ID		
<input type="checkbox"/> HIV Serology HIV AB					
Specify Other Serology and Molecular Tests					

Do Not Submit this page

Guidance Notes

The Tables and notes below provide supplementary information on the tests, clinical indications, sample types and transport medium. Consult the Provincial Laboratory (ProvLab) Guide to Services @ www.provlab.ab.ca/education.htm for comprehensive information.

Viral 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)]:

Test	Usual Specimen(s)	Comments
Bordetella Panel	Nasopharyngeal swab ONLY in Regan-Lowe medium (Black charcoal based medium)	Testing includes <i>Bordetella pertussis</i>
CSF Viral panel	Minimum volume = 0.5 mL CSF	HSV/VZV and entero/parechovirus testing
Entero/parechovirus	Stool in sterile container (NO preservative or transport medium), nasopharyngeal, throat or lesion swab in Universal Transport Medium	Detection of polio and non-polio enteroviruses causing acute flaccid paralysis – send stool and NP swab Some enteroviruses, e.g., coxsackievirus, cause vesicular skin lesions, in these cases a swab from the lesion can be useful.
Gastroenteritis Viral panel	Stool in sterile container (NO preservative or transport medium)	For outbreaks obtain an EI number through the zone Medical Officer of Health or designate
Herpes simplex & varicella zoster	Lesion swab in Universal Transport Medium	
Respiratory Pathogen Panel	Nasopharyngeal swab (NP) in Universal Transport Medium or respiratory aspirates in a sterile container	Primarily for influenza virus testing For outbreaks obtain an EI number through the zone Medical Officer of Health or designate
Measles	Nasopharyngeal swab in Universal Transport Medium AND urine in sterile container Blood for measles serology	MUST notify zone Medical Officer of Health of suspected cases
Mumps	Buccal swab in Universal Transport Medium Blood for mumps serology	
Syphilis	Lesion swab in Universal Transport Medium Also send blood for syphilis serology	Testing can be combined with herpes simplex detection

Restricted Molecular Testing:

Tests listed below are for diagnosis and monitoring in transplant and immunocompromised patients or to help clarify the diagnosis in some complex clinical scenarios. When requesting, MUST provide clinical indication or reason for testing.

Test/Virus	Usual Indications	Usual Specimen
HCV RNA (hepatitis C)	Assessment of viremia or treatment monitoring	Serum (Gold Top Vacutainer)
HIV QUAL	Diagnosis of HIV	EDTA blood x 2 (Lavender top vacutainer) Remote users - send Plasma Preparation tubes (PPT) x 2
HIV QUANT	Treatment monitoring For Calgary and South Zones, orderable is MQHI through Calgary Lab Services; for the other zones testing is performed by ProvLab	
HIV proviral DNA	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.	EDTA blood
HBV DNA (hepatitis B)	Assessment of viremia or treatment monitoring	EDTA blood x 2 Remote users - send Plasma Preparation tubes (PPT x 2)
Adenovirus, Cytomegalovirus, Epstein- Barr virus	Primarily for monitoring in transplant/significantly immunocompromised patients	EDTA blood
JC virus	As above	CSF
BK virus	As above	EDTA blood & Urine

Hepatitis Markers – abbreviations and usual indications for testing

HAV IgG	Hepatitis A IgG	Past infection or vaccination response
HAV IgM	Hepatitis A IgM	Recent infection
HBsAb	Antibody to hepatitis B surface antigen	Immunity status
HBsAg	Hepatitis B surface antigen	Screening for acute or chronic infection
HBc Total Ab	Total antibody to hepatitis B	Exposure at undetermined time
HBc IgM Ab	IgM antibody to HBV core	Recent infection
HBe Ab OR HBe Ag	Antibody to HBV e antigen OR HBV e antigen	Prognostic markers for HBV infection