

Malaria PCR Requisition

This requisition can only be used by special request after authorization from the Microbiologist/
Virologist On Call (MOC/VOC) (see contact info below).

Microscopic detection and identification of *Plasmodium spp* in thick and thin blood smears is the **gold standard** for rapid diagnosis of malaria. Malaria PCR is **only** used for confirmatory identification of Plasmodium species in microscopic positive blood samples.

* Mandatory clinical/laboratory information. Test will be cancelled if the information is not completed.

This Form Must Accompany the Specimen

PLEASE PROVIDE ALL INFORMATION

Submitter : _____ <i>LAST FIRST</i>		Patient Information:																			
Address: _____ <i>Complete address including postal code</i>		Patient Name: _____ <i>LAST FIRST</i>																			
Fax # : _____		PHN/Hospital # _____																			
Phone Number: _____		DOB: <u>DD / MM / YYYY</u> <input type="checkbox"/> Male <input type="checkbox"/> Female																			
Additional Copy To:		Patient Address: _____ _____ _____																			
Name: _____ <i>LAST FIRST</i>																					
Address: _____ <i>Complete address including postal code</i>																					
Specimen: [<i>Minimum Amount 1 ml</i>]		<table border="1"> <thead> <tr> <th colspan="3">DATE COLLECTED</th> <th colspan="3">DATE SENT</th> </tr> </thead> <tbody> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> <tr> <td colspan="3">TIME (24HRS)</td> <td colspan="3">TIME (24HRS)</td> </tr> </tbody> </table>		DATE COLLECTED			DATE SENT			DD	MM	YYYY	DD	MM	YYYY	TIME (24HRS)			TIME (24HRS)		
DATE COLLECTED			DATE SENT																		
DD	MM	YYYY	DD	MM	YYYY																
TIME (24HRS)			TIME (24HRS)																		
<input type="checkbox"/> EDTA Blood – Frozen or Cold																					
* Country of acquisition/relevant travel:																					
Fever: <input type="checkbox"/> YES <input type="checkbox"/> NO																					
Clinical details/comments:																					
Prophylaxis/Treatment:																					
* Blood Smear result:																					
Species/suspected species:																					
Diagnostic stages seen:																					
Parasitemia (%):																					
Comment:																					
Edmonton ProvLab Walter Mackenzie Health Sciences Centre University of Alberta Hospital 8440-112 Street, Edmonton, Alberta, T6G 2J2 MOC/VOC 780-407-7121		Calgary ProvLab 3030 Hospital Drive NW Calgary, Alberta, T2N 4W4 MOC/VOC 403-944-1200 in Calgary																			