

## 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.

Scanning Label or Accession # *(lab only)*

### This Form Must Accompany the Specimen

<b>Patient</b>	PHN		Date of Birth <i>(dd-Mon-yyyy)</i>					
	Expiry: _____							
	Legal Last Name		Legal First Name				Middle Name	
	Alternate Identifier		Preferred Name				Phone	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose						
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		
	CC Provider ID		CC Submitter ID	Legacy ID		Phone		
	Clinic Name			Clinic Name		Clinic Name		
<b>Collection</b>	Date <i>(dd-Mon-yyyy)</i>		Send Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>		Location	
							Collector ID	

**Specimen:** [Minimum Amount 1 ml]

**EDTA Blood – Frozen or Cold**

\* Country of acquisition/relevant travel:

Fever:       YES       NO

Clinical details/comments:

Prophylaxis/Treatment:

\* Blood Smear result:

Species/suspected species:

Diagnostic stages seen:

Parasitemia (%):

Comment:

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