ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

COVID-19 and Other Respiratory Viruses Requisition *(Provincial)*

Edmonton Site 8440-112 St. T6G 2J2
Phone 780.407.7121 Fax 780.407.3864
Microbiologist/Virologist-on-call 780.407.8822

Calgary Site 3030 Hospital Dr NW T2N 4W4
Phone 403.944.1200 Fax 403.270.2216
Microbiologist/Virologist-on-call 403.944.1200

- Consult the Site Microbiologist/Virologist-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

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____	Date of Birth *(dd-Mon-yyyy)*	
Legal Last Name	Legal First Name	Middle Name
Alternate Identifier / Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
Address	City/Town / Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*		Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address	Phone	Address	Address
CC Provider ID / CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name		Clinic Name	Clinic Name

Collection

Date Collected *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID	**Outbreak (EI)** *if applicable (yyyy-###)*

Specimen Source/Type

☐ nasopharyngeal swab ☐ nasopharyngeal aspirate ☐ endotracheal tube (ETT) aspirate
☐ throat swab ☐ bronchoalveolar lavage (BAL) ☐ bronchial wash (BW)
☐ other _____

Specify Test

☐ COVID-19 only
☐ COVID-19 and Influenza A/B *(requires ILI symptoms)*
☐ COVID-19 and Respiratory Pathogen Panel (RPP)
(requires ILI symptoms and RPP criteria)

Clinical History *(required)*

☐ Asymptomatic: no COVID-19 or ILI symptoms
☐ Influenza-like illness (ILI) symptoms *(e.g. cough, fever, myalgias)*
☐ Other COVID-19 symptoms *(e.g. diarrhea, headache, anosmia)*
Date of symptom onset _____ *(dd-Mon-yyyy)*

☐ Outpatient or pending discharge
☐ Hospital inpatient or pending admission

☐ Close contact to a known COVID-19 case

Respiratory Pathogen Panel (RPP) Criteria

☐ outbreak investigation
(indicate EI# in "Outbreak [EI]" field above)
☐ critical respiratory failure
☐ severely immunocompromised
(e.g. transplant, chemotherapy)
☐ myocarditis/pericarditis
☐ acute flaccid paralysis
☐ pre-transplant

Relevant travel history
(include countries and dates of return)
☐ No Travel

Relevant immunizations *(and dates)*

Health Care Work and Facility Information

Health Care Worker? ☐ Yes ☐ No
Health Care Worker or Resident of **LTC/DSL** Facility? ☐ Yes ☐ No