ZEP

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Zoonotics Diseases & Emerging Pathogens Requisition

ZEP

LM LABS

Section 1 - Patient/Provider Information *(Two matching unique patient identifiers on sample container and requisition are required for sample processing)*

PERSONAL HEALTH NUMBER
(or out-of province Health Number and province)

PATIENT SURNAME

PATIENT FIRST AND MIDDLE NAME

DOB
(DD/MMM/YYYY)

SEX
M ☐ F ☐ X ☐ U (Unk) ☐

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

ORDERING PRACTITIONER
Name and MSC#

Address of report delivery

☐ **I do not require a copy of the report** ☐ **I am a Locum**†
†If Locum, include name of Practitioner you are covering for

ADDITIONAL COPIES TO PRACTITIONER / CLINIC:
(Name, Address / MSC#/ PHSA Client#) **(Limit of 3 copies available)**
1.
2.
3.

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

TRAVEL/CLINICAL HISTORY: _____

Section 2 - Test(s) Requested

VIRUSES

- ☐ Chikungunya Virus Antibody
- ☐ Dengue Virus Antibody
- ☐ Hanta Virus Antibody*
  ***for hemorrhagic cases consultation required**
- ☐ West Nile Virus Antibody
- ☐ Zika Virus Antibody and PCR
  Submit 1 gold top and 1 EDTA blood tube
- ☐ Other, specify: _____

Travel / Clinical History Required for Above Tests
(indicate prenatal status for Zika virus)

Signs / Symptoms

- ☐ Asymptomatic
- ☐ Insect bite: ☐ Skin rash:
  Type/Location: _____
- ☐ Neurological
- ☐ Other, specify: _____

BACTERIA

- ☐ Anaplasma Antibody
- ☐ Anti-Streptolysin O (ASO)
- ☐ *Bartonella henselae* ☐ Antibody ☐ PCR*
- ☐ *Borrelia burgdorferi* (Lyme disease) ☐ Antibody ☐ PCR*
- ☐ *Borrelia hermsii* Antibody
- ☐ *Brucella abortus* Antibody
- ☐ *Coxiella burnetii* (Q-fever) Antibody
- ☐ *Francisella tularensis* Antibody
- ☐ *Helicobacter pylori* Antigen (Feces)
- ☐ *Legionella* sp. Urine Antigen
- ☐ *Leptospira* spp. ☐ Antibody ☐ PCR*
- ☐ *Rickettsia rickettsii* Antibody (Rocky Mountain Spotted Fever)
- ☐ Other, specify: _____

PARASITES

- ☐ *Echinococcus* spp. Antibody
- ☐ *Entamoeba histolytica* (Amoebiasis) Antibody
- ☐ *Schistosoma* spp. Antibody
- ☐ *Strongyloides* spp. Antibody

Travel History Required for Above Tests

- ☐ *Leishmania* spp. Antibody
- ☐ *Trichinella* spp. Antibody
- ☐ *Trypanosoma cruzi* (American trypanosomiasis) Antibody
- ☐ Other, specify: _____

SYPHILIS

- ☐ VDRL (CSF sample only)
  Submit 1 mL CSF in sterile leak-proof tube
- ☐ *Treponema pallidum* Nucleic Acid Testing*
  Submit exudate, tissue or body fluid
- ☐ Darkfield (DF) Microscopy
  Source of sample: _____
- ☐ Direct Fluorescent Assay (DFA) Microscopy
  Source of sample: _____

Signs / Symptoms ☐ Asymptomatic ☐ Rash

- ☐ Other, specify: _____

FUNGI

- ☐ *Blastomyces dermatidis* Antibody
- ☐ *Coccidioides* sp. Antibody
- ☐ *Cryptococcus neoformans* Antigen
- ☐ *Histoplasma* sp. Antibody
- ☐ Other, specify: _____

Travel History Required for Above Tests

DIPTHERIA/TETANUS

Antitoxin** ☐ Diphtheria ☐ Tetanus

****LIMITED TO (please indicate):**

- ☐ <17 years old
- ☐ Organ transplant patient
- ☐ Immune deficiency work-up

* CONSULTATION REQUIRED

Please telephone Program Head (Clinical Microbiologist) at (604) 707-2622

For other available tests and additional information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

LM LABS

Provincial Health Services Authority
Province-wide solutions. Better health.