VI

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

Virology Requisition

VI

LM LABS

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	**DOB** (DD/MMM/YYYY)	**GENDER** ☐ M ☐ F ☐ UNK
PATIENT SURNAME	**PATIENT FIRST AND MIDDLE NAME**	
ADDRESS	**CITY**	**POSTAL CODE**

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#)
Name and address of report delivery

☐ **I do not require a copy of the report**

CLINIC OR HOSPITAL
Name and address of report delivery

PHSA CLIENT NO.

ADDITIONAL COPIES TO: (Address / MSC#)

1.

2.

3.

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

Section 3 - Test(s) Requested

PATIENT STATUS

☐ Hospital inpatient ☐ ER patient

☐ History of contact with infection

Travel history _____

SIGNS / SYMPTOMS

Date of Onset:

_____
(DD/MMM/YYYY)

☐ Asymptomatic ☐ Cough

☐ Fever ☐ Rash

☐ Upper Respiratory Infection ☐ Lower Respiratory Infection

☐ Other, specify: _____

RESPIRATORY VIRUSES

☐ Nasopharyngeal swab ☐ Nasal swab

☐ Bronchoalveolar lavage ☐ Nasal wash

☐ Other, specify: _____

POC Tested by Submitter:

Influenza A	○ Positive	○ Negative
Influenza B	○ Positive	○ Negative
RSV	○ Positive	○ Negative

HERPES VIRUSES

☐ Genital lesion for HSV ☐ Non-genital lesion for HSV

☐ Skin swab for Varicella-Zoster

☐ Other, specify: _____

Urine for:

☐ Cytomegalovirus

GASTROINTESTINAL VIRUSES

Feces* for:

☐ GI Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus)

☐ Other, specify: _____

***Guideline for Ordering Stool Specimens**
www.bcguidelines.ca/gpac/guideline_diarrhea.html

HEPATITIS VIRUSES

EDTA Blood for:

☐ HCV RNA Quantitative (Use for diagnosis and monitoring)

☐ HCV Genotyping

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

ENCEPHALITIS / MENINGITIS

Cerebrospinal Fluid for:

☐ Encephalitis (e.g. HSV-1, West Nile Virus*)

For WNv, specify travel to endemic area if not WNv season:

_____
*Offered during WNv season

☐ Meningitis (HSV-2, Enterovirus)

☐ Other, specify: _____

BIOPSY / AUTOPSY / OTHER TESTS

☐ Specify: _____

MEASLES / MUMPS / RUBELLA VIRUSES

☐ Measles ☐ Rubella*

☐ Urine

☐ Nasal / Nasopharyngeal swab

☐ Other, specify: _____

☐ Mumps

☐ Buccal swab

☐ Urine

*Sample forwarded to reference laboratory for testing

DATE INOC. **LABORATORY USE ONLY**

DATE	DAY	RMK	A549	MRC-5	

For information on sample collection, please call Virology Lab at (604) 707-2623

DATE INOC.		LABORATORY USE ONLY			
DATE	DAY	RMK	A549	MRC-5	
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	2				
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Provincial Health Services Authority
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