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

## 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

### 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

☐ 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

☐ Diphtheria Antitoxin**

☐ *Francisella tularensis* Antibody

☐ *Helicobacter pylori* Antigen (Feces)

☐ *Legionella* sp. Urine Antigen

☐ *Leptospira* spp.
☐ Antibody ☐ PCR*

☐ *Rickettsia rickettsii* Antibody (Rocky Mountain Spotted Fever)

☐ Tetanus Antitoxin**

☐ Other, specify: ____________________

### PARASITES

☐ *Echinococcus* spp. Antibody

☐ *Entamoeba histolytica* (Amoebiasis) Antibody

☐ *Schistosoma* spp. Antibody

☐ *Strongyloides* spp. Antibody

**Travel History Required for Above Tests:**

☐ Travel within past 12 months, specify:

______________________________________

______________________________________

☐ *Leishmania* spp. Antibody

☐ *Toxoplasma gondii* Antibody
☐ Immune status IgG ☐ Acute Infection IgM

☐ *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:**

☐ Travel within past 12 months, specify:

______________________________________

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

**** MUST BE <17 YEARS OLD OR ORGAN TRANSPLANT PATIENT**

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

**For information on sample collection, please call Zoonotic Diseases & Emerging Pathogens Lab at (604) 707-2628**

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