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

## 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)

## Section 2 - Test(s) Requested

### RESPIRATORY PATHOGENS

☐ Influenza A, Influenza B, RSV

☐ COVID-19

☐ MERS
(Approval and travel history required*)

☐ Enterovirus D68
(Seasonal; when outside season, approval required)

☐ Other, specify: ______________________

**Indicate sample site:**

☐ Nasopharynx ☐ Nares

☐ Oropharynx ☐ Throat

☐ Lower Respiratory Tract: ________________

☐ Other, specify: ______________________

**Indicate container type:**

☐ Swab with transport media

☐ Saline gargle

☐ Wash: __________________

☐ Others: __________________

### VIRUS SUBTYPING

☐ Influenza A

☐ Adenovirus
(Surveillance/outbreak investigations only)

Ct value: _______ or viral signal: weak / strong

### HEPATITIS VIRUSES

Please see the ***Serology Screening Requisition*** to order HCV RNA and/or HCV genotyping testing.

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

### PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE

(Please provide travel history where indicated*)

______________________________________

______________________________________

### OUTBREAK LOCATION / INFORMATION

______________________________________

______________________________________

______________________________________

### HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES

☐ Genital lesion swab ☐ Non-genital lesion swab

☐ Skin swab

☐ Other, specify: ______________________

### ENCEPHALITIS VIRUSES

**Cerebrospinal Fluid for:**

☐ HSV 1, HSV 2, VZV and Enterovirus

☐ West Nile virus (Seasonal)
(Summer/early fall; when outside of season, specify travel history to endemic area*)

☐ Other, specify: ______________________

______________________

(**Note:** Send CSF from <6 months old directly to BC Children's & Women's Hospital Laboratory for testing that includes parechovirus)

### GASTROINTESTINAL VIRUSES

**Feces** for:**

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

☐ Enterovirus

☐ Other, specify: ______________________

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

### BIOPSY / AUTOPSY / OTHER TESTS

☐ Plasma for West Nile virus (Seasonal)

☐ Eye sample for Adenovirus, HSV 1, HSV 2, VZV

☐ Other, specify: ______________________

______________________

### MEASLES

☐ Nasopharyngeal swab

☐ Throat swab

☐ Urine

☐ Other, specify:

______________________

### MUMPS

☐ Buccal/Oral swab

☐ Urine

☐ Other, specify:

______________________

### RUBELLA

☐ Nasopharyngeal washing/swab

☐ Throat swab

☐ Urine

☐ Other, specify:

______________________

☐ Recent MMR vaccination

☐ Recent travel (Provide travel history if available*)

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

**Form DCVI-100-0001f Version 3.1 07/2020**

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