Alberta Health Services

Provincial Laboratory for Public Health

Serology and Molecular Testing Requisition

Accession # *(lab only)*

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

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

- Consult the Site Virologist/Microbiologist-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
- For Zoonotic Infections *(eg. mosquito-borne, tick-borne)* use form *20087 Zoonotic Testing Requisition (https://www.albertahealthservices.ca/frm-20087.pdf)*

Patient

PHN	Alternate Identifier	Date of Birth *(yyyy-Mon-dd)*		
Last Name	First Name	Middle	Gender	Phone
Address	City/Town	Prov	Postal Code	Location

Requestor

Requestor Name *(last, first)*	Location/Facility/Address	Phone	Healthcare Provider ID
Dr. Sam S. Lee FMC Hepatology Clinic	CALGARY		
Copy to *(last, first)*	Location/Facility/Address	Phone	Healthcare Provider ID

Specimen/Type Source - Specify

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

Blood
☐ Blood
☐ Bone Marrow
☐ Cord Blood

Tissue
☐ Autopsy *(specify)* _____
☐ Biopsy *(specify)* _____

Fluid
☐ CSF
☐ Auger Suction
☐ Bronchoalveolar Lavage (BAL)
☐ Eye (Aqueous)
☐ Eye (Vitreous)
☐ Nasopharyngeal
☐ Urine

Swab
☐ Buccal
☐ Cervical
☐ Eye *(specify)* _____
☐ Lip
☐ Lesion *(specify)* _____
☐ Mouth
☐ Nasopharyngeal
☐ Rectal
☐ Throat
☐ Urethral

Other ☐ Stool ☐ Other *(specify)* _____

Provide Clinical History or Reason for Testing below - Testing will NOT proceed if this section is incomplete

Reason for Testing
Needed for treatment

List Countries visited within past 3 months of symptom onset **OR** provide relevant travel history ☐ No Travel

Symptoms (Check all that apply)
☐ Fever
☐ Gastrointestinal
☐ Neurologic
☐ Polyarthritis
☐ Rash *(type)* _____
☐ Respiratory *(specify)* _____
☐ Other *(specify)* _____

Date of return *(yyyy-Mon-dd)*

Relevant immunizations and dates

Date of onset **OR** Duration of symptoms

Immunocompromised
☐ No ☐ Yes *(details)* _____

Viral Serology

☐ CMV IgG	CMV IGG
☐ EBV Panel	EBV AB
☐ HSV IgG	HSV IGG
☐ Measles IgG	MEAS IGG
☐ Mumps IgG	MUMPS IGG
☐ Parvovirus B19 IgG	PARVO IGG
☐ Rubella IgG	RUB IGG PROV
☐ Varicella zoster IgG	VZV IGG
☐ CMV IgM	CMV IGM
☐ Measles IgM	MEAS IGM
☐ Mumps IgM	MUMPS IGM
☐ Parvovirus B19 IgM	PARVO IGM
☐ Rubella IgM	RUB IGM PROV
☐ HIV Serology	HIV AB

Hepatitis A

☐ HAV IgG	HAV IGG PROV
☐ HAV IgM	HAV IGM PROV

Hepatitis B

☐ HBsAg	HBV SAG PROV
☐ HBsAb	HBV SAB PROV
☐ HBc IgM Ab	HBC IGM PROV
☐ HBc Total Ab	HBC TOT PROV
☐ HBe Ag	HBEAG PROV
☐ HBe Ab	HBEAB PROV

Hepatitis C
☐ HCV Serology HCV AB

Parasite Serology

☐ Strongyloides	STRONG
☐ Toxoplasma	TOXO IGG

Bacterial Serology

☐ Brucella	BRUC
☐ Diphtheria antitoxin	DIPTH
☐ Mycoplasma pneumoniae	MPNEU IGM
☐ Syphilis	SYPH PROV
☐ Tetanus antitoxin	TET ATOX

Fungal Serology

☐ Blastomyces	BLAST ID
☐ Coccidioides	
☐ Cryptococcal Antigen	
☐ Galactomannan	
☐ Histoplasma	HISTO ID

Molecular Detection (NAT)

☐ Bordetella Panel	BP PCR
☐ CSF Viral Panel	CSF PANEL
☐ Entero/Parechovirus	EV PEV PCR
☐ Eye Viral Panel	EYE PANEL
☐ Gastroenteritis Viral Panel	GI PANEL
☐ Herpes simplex virus	HS VZ PCR
☐ Measles virus	MEAS PCR
☐ Mumps virus	MUMPS PCR
☐ Respiratory Pathogen Panel	
☐ Varicella zoster virus	HS VZ PCR
☐ Syphilis	SYPH PCR

Restricted Molecular Testing

☐ Adenovirus	AD PCR
☐ BK virus	BKV PCR
☐ Cytomegalovirus	CMV PCR
☐ Epstein-Barr virus	EBV PCR
☐ HBV DNA	HBV QUANT
☒ HCV RNA	HCV QUANT
☐ HIV QUAL	HIV QUAL
☐ HIV Viral Load	HIV QUANT
☐ JC Virus	HPOLYVIR PCR

Specify Other Serology and Molecular Tests