

Laboratory Requisition Form for Respiratory Viruses

Patient Information			
Patient Last Name(s) :		Patient First Name(s) :	
Patient address:		Phone number :	
City, town or village :		Province :	Postal Code:
Medicare number: <small>(Include province if not NB, DND no., VAC)</small>		Medicare expiry date : <small>(mm/yyyy)</small>	
Date of birth : <small>(yyyy/mm/dd)</small>		Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other :	
Preferred Language: French English <input type="checkbox"/> Other :		Requesting Physician :	
Requisition completed by :		Copy to :	
Sample Collection Details			
<input type="checkbox"/> Nasopharyngeal		<input type="checkbox"/> Nasopharyngeal Aspirate	
<input type="checkbox"/> Nose/Throat		<input type="checkbox"/> Other : _____	
Collection date : <small>(yyyy/mm/dd)</small>		Collection time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Collected by :			
Tests Requested			
<input checked="" type="checkbox"/> PCR respiratory viruses (Influenza, COVID-19 and RVS)			
Additional Clinical and Epidemiological Information			
Patient has symptoms:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Received current seasonal COVID-19 vaccine ¹ :	Yes No Unknown
Received antivirals for COVID-19 :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Received current seasonal Influenza vaccine ¹ :	Yes No Unknown
Received antivirals for Influenza :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Received current seasonal RSV vaccine ¹ :	Yes No Unknown
Travelled in the last 10 days:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Exposure to swine or poultry in the last 10 days:	Yes No Unknown
	If yes, specify : _____		If yes, specify : _____
For laboratory use only	Date and time of recipient at the laboratory: _____		

Send refrigerated specimen to your regional laboratory

Comments (optional):

¹ A seasonal vaccine is defined as having received a COVID-19, Influenza or RSV vaccine at any time after the start of the current respiratory season (after September 1).