



REQUISITION FOR SPECIAL PATHOGENS

Special Pathogens
National Microbiology Laboratory
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SENDER INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____
PROVINCE: _____ POSTAL CODE: _____
TELEPHONE: _____ FAX: _____

PATIENT INFORMATION

NAME-CODE: _____
DATE OF BIRTH (YYYY-MM-DD): _____
SEX M F
CITY: _____
OTHER INFORMATION: _____

TRAVEL HISTORY

TRAVEL LOCATION(S): _____
DEPARTURE/RETURN DATES (YYYY-MM-DD): _____

CLINICAL HISTORY

SPECIMEN INFORMATION

SAMPLE/LAB #: _____ SPECIMEN (SERUM, BLOOD, SWAB): _____ SAMPLE DATE (YYYY-MM-DD): _____
1 _____
2 _____
3 _____
4 _____
5 _____

SUSPECTED PATHOGEN - NON ERAP

- HANTAVIRUS CAUSING HANTAVIRUS PULMONARY SYNDROME (HPS)
- HANTAVIRUS CAUSING HEMORRHAGIC FEVER WITH RENAL SYNDROME (HFRS)
- LYMPHOCYTIC CHORIOMENINGITIS VIRUS (LCMV)
- MOLLUSCUM CONTAGIOSUM VIRUS
- PARAPOXVIRUS SPP. ORTHOPOXVIRUS SPP.
- MONKEYPOX VIRUS RIFT VALLEY FEVER VIRUS
- BAS-CONGO VIRUS
- SEVERE FEVER WITH THROMBOCYTOPENIA SYNDROME VIRUS

SUSPECTED PATHOGEN - ERAP* NOTIFICATION REQUIRED

- EBOLA AND MARBURG VIRUS NEW WORLD ARENAVIRUS
- CRIMEAN-CONGO HEMORRHAGIC FEVER VIRUS (CCHF)
- HERPES B VIRUS LASSA VIRUS
- NIPAH AND HENDRA VIRUS VARIOLA VIRUS
- KYASANUR FOREST DISEASE VIRUS
- OMSK HEMORRHAGIC FEVER VIRUS
- TICK-BORNE ENCEPHALITIS COMPLEX VIRUSES

* <https://cnphi.canada.ca/gts/faces/public/documents/rg4Tdg-flowchart.xhtml?lang=en>

TEST REQUESTED

- SEROLOGY MOLECULAR DETECTION ISOLATION

Please consult the Test Information Sheets on the Guide to Services before requesting tests

The National Microbiology Laboratory (NML) of the Public Health Agency of Canada (PHAC) provides reference diagnostic services free of charge. The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests.