ZEP

BC Centre for Disease Control
Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Zoonotic Diseases & Emerging Pathogens Requisition

Highlighted fields must be completed

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)

PATIENT LAST NAME

PATIENT FIRST AND MIDDLE NAME

DOB DD MMM YYYY

SEX M ☐ F ☐ X ☐ Unk ☐

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

CONTACT NO. (XXX) XXX-XXXX

DATE RECEIVED

LABORATORY USE ONLY

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY) Unk ☐

TIME COLLECTED (HH:MM) Unk ☐

ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)

☐ **I am a Locum** (provide name of Practitioner and Clinic to receive report)

ADDITIONAL COPIES TO PRACTITIONER / CLINIC: **(Limit of 3 copies available)**
(Name, Address / MSP#/ PHSA Client#)

1.

2.

3.

Section 2 - Test(s) Requested

SIGNATURE OF ORDERING PRACTITIONER

DATE SIGNED

VIRUSES
Travel/Clinical History Required

- ☐ Chikungunya Virus Antibody
- ☐ Dengue Virus Antibody
- ☐ Hanta Virus Antibody*
- ☐ Jamestown Canyon /Snowshoe Hare Virus (California serogroup viruses) Antibody
- ☐ West Nile Virus Antibody
- ☐ Zika Virus PCR
  Indicate prenatal status in Travel/Clinical History below
- ☐ Other, specify: _____

Signs / Symptoms

- ☐ Asymptomatic
- ☐ Insect bite:
  Type/Location: _____
- ☐ Skin rash:
  Type/Location: _____
- ☐ Neurological
- ☐ Other, specify: _____

BACTERIA

- ☐ *Anaplasma phagocytophilum* Antibody
- ☐ Anti-Streptolysin O (ASO)
- ☐ *Bartonella henselae*
  ☐ Antibody ☐ PCR*
- ☐ *Borrelia burgdorferi* (Lyme disease)
  ☐ Antibody ☐ PCR*
- ☐ *Borrelia hermsii* PCR
- ☐ *Brucella abortus* Antibody
- ☐ *Coxiella burnetii* (Q-fever)
  ☐ Antibody ☐ PCR*, Date of onset_____
- ☐ *Francisella tularensis* Antibody
- ☐ *Helicobacter pylori* Antigen (Fecal sample only)
- ☐ *Legionella* sp. Urine Antigen
- ☐ *Leptospira* spp.
  ☐ Antibody ☐ PCR*
- ☐ *Rickettsia rickettsii* (Rocky Mountain Spotted Fever) Antibody
- ☐ Other, specify: _____

PARASITES

- ☐ *Echinococcus* spp. Antibody
- ☐ *Entamoeba histolytica* (Amoebiasis) Antibody
- ☐ *Schistosoma* spp. Antibody
- ☐ *Strongyloides* spp. Antibody
- ☐ *Leishmania* spp. Antibody
- ☐ *Trichinella* spp. Antibody
- ☐ *Trypanosoma cruzi* (American trypanosomiasis) Antibody
- ☐ Other, specify: _____

DIPTHERIA/TETANUS

☐ Antitoxin** ☐ Diphtheria ☐ Tetanus

**** Test will not be performed unless indicated by one of the following:**

☐ <19 years old ☐ Organ transplant patient

☐ Immune deficiency work-up

SYPHILIS

- ☐ VDRL (CSF sample only)
  Submit in sterile leak-proof container
- ☐ *Treponema pallidum* Nucleic Acid Testing*
  Submit exudate, tissue, body fluid, Aptima, or UTM Swab

Signs / Symptoms

☐ Asymptomatic ☐ Rash

☐ Other, specify: _____

FUNGI
Travel/Clinical History Required

- ☐ *Blastomyces dermatidis* Antibody
- ☐ *Coccidioides* sp. Antibody
- ☐ *Cryptococcus neoformans* Antigen
- ☐ *Histoplasma* sp. Antibody
- ☐ Other, specify: _____

*** MEDICAL MICROBIOLOGIST APPROVAL REQUIRED**

Please contact the BCCDC Medical Microbiologist On-Call at (604) 661-7033 prior to sample collection

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

TRAVEL/CLINICAL HISTORY: _____

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.

PHRQ_ZEP_0001F (Version 1.0 September 2026)

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