Public Health Laboratory

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

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

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*)

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**Provincial Health
Services Authority**
Province-wide solutions.
Better health.