



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)		ORDERING PRACTITIONER Name and MSC#		LABORATORY USE ONLY
PATIENT SURNAME		Address of report delivery		
PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum [†] [†] If Locum, include name of Practitioner you are covering for		
DOB (DD/MMM/YYYY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)	ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)		
PATIENT ADDRESS				
CITY				
PROVINCE	POSTAL CODE	1.		DATE RECEIVED
		2.		OUTBREAK ID
		3.		SAMPLE REF. NO.
				DATE COLLECTED (DD/MMM/YYYY)
				TIME COLLECTED (HH:MM)

Section 2 - Test(s) Requested

<p>OVA & PARASITES</p> <p>Sample</p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Urine</p> <p>Signs / Symptoms</p> <p><input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Other _____</p> <p>Duration: _____ days</p> <p><input type="checkbox"/> High Risk Setting (see reverse)</p> <p><input type="checkbox"/> Immigration (specify below)</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p> <p>SPECIAL TESTS</p> <p>*Consultation required (604) 707-2629</p> <p><input type="checkbox"/> <i>Strongyloides</i> Concentration / Isolation*</p> <p><input type="checkbox"/> ELISA (Amoebiasis)</p> <p><input type="checkbox"/> <i>Schistosoma</i> Hatch Test (Viability)*</p>	<p>BLOOD & TISSUE PARASITES</p> <p>Microscopic Examination Request For</p> <p>Malaria <input type="checkbox"/> Diagnosis <input type="checkbox"/> Confirmation</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Referring Lab Test Results For Malaria</p> <p><input type="checkbox"/> Positive Thin and/or Thick smear <input type="checkbox"/> Negative Thin and/or Thick smear</p> <p><input type="checkbox"/> Positive dipstick (Rapid Test) <input type="checkbox"/> Negative dipstick (Rapid Test)</p> <p><input type="checkbox"/> Dipstick (Rapid Test) not done</p> <p>Sample</p> <p><input type="checkbox"/> Thick & Thin blood smear(s) <input type="checkbox"/> Thick blood smear(s)</p> <p><input type="checkbox"/> EDTA blood <input type="checkbox"/> Thin blood smear(s)</p> <p><input type="checkbox"/> Tissue/Biopsy, specify: _____</p> <p><input type="checkbox"/> Body fluid, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Culture For</p> <p><input type="checkbox"/> <i>Acanthamoeba</i> species <input type="checkbox"/> <i>Leishmania</i> species</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Signs / Symptoms</p> <p><input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Skin lesion <input type="checkbox"/> Eye</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Immigration, specify below</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p>	<p>PARASITE IDENTIFICATION</p> <p>Sample</p> <p><input type="checkbox"/> Worm <input type="checkbox"/> Proglottid</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p><input type="checkbox"/> Tick</p> <p>Sources Of Tick</p> <p><input type="checkbox"/> Human <input type="checkbox"/> Dog <input type="checkbox"/> Cat</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p>Name of Pet / Owner (IF NOT noted as the patient above)</p> <p>_____</p> <p>_____</p> <p>Signs / Symptoms</p> <p><input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Rash (type)</p> <p>_____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>_____</p> <p><input type="checkbox"/> Travel within past 12 months, specify below:</p> <p>_____</p> <p>_____</p>
<p>For other available tests and sample collection information, consult the Public Health Laboratory's <i>eLab Handbook</i> at www.elabhandbook.info/PHSA/Default.aspx</p>		

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.



<p>OVA & PARASITES</p>	<p>FECES:</p> <ol style="list-style-type: none"> Do not contaminate with urine, water or soil. With spoon (attached to lid of sample container), add 2 or 3 spoonfuls of fresh sample to the liquid (SAF preservative) in the container. Mix well and screw lid on tightly. <p>URINE:</p> <ol style="list-style-type: none"> Fill the sterile clean vial (no SAF preservative) with midstream to terminal urine (collected between 10:00 am and 3:00 pm). Do not refrigerate if ova hatching test is requested.
<p>PARASITE IDENTIFICATION</p>	<p>TICKS AND OTHER ARTHROPODS:</p> <ol style="list-style-type: none"> All ticks will be identified. PCR for <i>Borrelia burgdorferi</i> will be performed on all tick species except <i>Dermacentor andersoni</i>. Tick(s) may be sent alive or dead (with no preservative) for PCR. Note: Tick culture may also be performed on all PCR positive samples, but can only be set up if live ticks were submitted (submit with slightly moistened cotton). Other arthropods: Submit dry. <p>WORM OR PROGLOTTID:</p> <ol style="list-style-type: none"> Submit sample unpreserved in 0.85% NaCl. If there is a delay in transit of 3 or more days, submit in 70% alcohol.
<p>BLOOD & TISSUE PARASITES</p>	<p>MALARIA ON-CALL AVAILABLE – CONSULT WITH MEDICAL MICROBIOLOGIST AT (604) 661-7033</p> <p>BLOOD:</p> <ol style="list-style-type: none"> Thin and thick blood smears prepared from newly drawn blood (at height of paroxysm and 8-16 hours later). Blood smears are required for <i>Plasmodium</i> species identification. Malaria dipstick test is available. Submit EDTA blood. Do not refrigerate EDTA blood. Malaria Examination: Blood and smears should be submitted STAT to the laboratory. <p>TISSUE/BIOPSY, BODY FLUID AND CULTURE SAMPLES:</p> <ol style="list-style-type: none"> Refer to eLab, our online guide to services or contact the Parasitology Laboratory at (604) 707-2629.
<p>PINWORM</p> <p>The ideal time for this procedure is early in the morning before arising and before emptying the bowels.</p>	<p>STICKY PADDLE:</p> <ol style="list-style-type: none"> Remove cap which has an inserted paddle with one side coated with a non-toxic mildly adhesive material. This side is marked "sticky side". Do not touch this surface with the fingers. Press the sticky surface against the perianal skin with moderate pressure. <p>VASELINE PARAFFIN ANAL SWAB:</p> <ol style="list-style-type: none"> Remove cap which has an inserted vaseline paraffin anal swab. Press the anal swab against the perianal skin with moderate pressure. <p>TRANSPARENT SCOTCH TAPE PREPARATION:</p> <ol style="list-style-type: none"> Press the transparent scotch tape against the perianal skin with moderate pressure. Place scotch tape on slide.