

### Section 1 - Patient Information

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)	<b>DOB</b> (DD/MMM/YYYY)	<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
<b>PATIENT SURNAME</b>	<b>PATIENT FIRST AND MIDDLE NAME</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>

DATE RECEIVED
<b>PHSA LABORATORIES USE ONLY</b>
OUTBREAK ID

### Section 2 - Healthcare Provider Information

<b>ORDERING PHYSICIAN</b> (Provide MSC#) Name and address of report delivery	<b>ADDITIONAL COPIES TO:</b> (Address / MSC#)  1.  2.  3.
<input type="checkbox"/> I do not require a copy of the report	
<b>CLINIC OR HOSPITAL</b> Name and address of report delivery	
<b>PHSA CLIENT NO.</b>	

<b>SAMPLE REF. NO.</b>
<b>DATE COLLECTED</b> (DD/MMM/YYYY)
<b>TIME COLLECTED</b> (HH:MM)

### Section 3 - Test(s) Requested

<b>PATIENT STATUS</b> <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> ER patient <input type="checkbox"/> History of contact with infection <input type="checkbox"/> Travel history _____	<b>SIGNS / SYMPTOMS</b> Date of Onset: _____ (DD/MMM/YYYY) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Upper Respiratory Infection <input type="checkbox"/> Lower Respiratory Infection <input type="checkbox"/> Other, specify: _____	
<b>RESPIRATORY VIRUSES</b> <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Nasal swab <input type="checkbox"/> Bronchoalveolar lavage <input type="checkbox"/> Nasal wash <input type="checkbox"/> Other, specify: _____ <b>Tested by</b> Influenza A <input type="radio"/> Positive <input type="radio"/> Negative <b>POC for:</b> Influenza B <input type="radio"/> Positive <input type="radio"/> Negative RSV <input type="radio"/> Positive <input type="radio"/> Negative	<b>HERPES VIRUSES</b> <input type="checkbox"/> Genital lesion for HSV <input type="checkbox"/> Non-genital lesion for HSV <input type="checkbox"/> Skin swab for Varicella-Zoster <input type="checkbox"/> Other, specify: _____ <b>Urine for:</b> <input type="checkbox"/> Cytomegalovirus	<b>GASTROINTESTINAL VIRUSES</b> <b>Feces* for:</b> <input type="checkbox"/> Rotavirus/Adenovirus <input type="checkbox"/> Norovirus <input type="checkbox"/> Other, specify: _____ <small>*Guideline for Ordering Stool Specimens <a href="http://www.bccguidelines.ca/gpac/guideline_diarrhea.html">www.bccguidelines.ca/gpac/guideline_diarrhea.html</a></small>
<b>HEPATITIS VIRUSES</b> <b>Blood for:</b> <input type="checkbox"/> Qualitative HCV RNA (diagnosis) <input type="checkbox"/> Quantitative HCV RNA (treatment only) <input type="checkbox"/> Baseline <input type="checkbox"/> Week, specify: _____ <input type="checkbox"/> HCV Genotyping	<b>ENCEPHALITIS / MENINGITIS</b> <b>Cerebrospinal Fluid for:</b> <input type="checkbox"/> Encephalitis (e.g. HSV-1, West Nile Virus) <input type="checkbox"/> Meningitis (HSV-2, Enterovirus) <input type="checkbox"/> Other, specify: _____	<b>MEASLES / RUBELLA VIRUSES</b> <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Urine <input type="checkbox"/> Nasal / Nasopharyngeal swab <input type="checkbox"/> Other, specify: _____
For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at <a href="http://www.phsa.ca/bccdcpublichealthlab">www.phsa.ca/bccdcpublichealthlab</a>	<b>MUMPS VIRUSES</b> <input type="checkbox"/> Buccal swab <input type="checkbox"/> Urine	<b>BIOPSY / AUTOPSY / OTHER TESTS</b> <input type="checkbox"/> Specify: _____

DATE INOC.			PHSA LABORATORIES USE ONLY			
DATE	DAY	A549	MK			

# PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 [www.phsa.ca/bccdcpublichealthlab](http://www.phsa.ca/bccdcpublichealthlab)

DATE INOC.		PHSA LABORATORIES USE ONLY			
DATE	DAY	A549	MK	MRC-5	
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				



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