Saskatchewan Health Authority

Patient Label

NAME: _____

HSN: _____ Chart #: _____

D.O.B.: _____ ❑ M ❑ F

Ward/Location: _____

❑ RUH ❑ SCH ❑ SPH ❑ Other _____

DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE

MOLECULAR MICROBIOLOGY/VIROLOGY REQUISITION

Requesting physician: _____

(First and last name)

Copy of report to: _____ _____ _____

Please submit a SEPARATE REQUISITION for *each* SPECIMEN TYPE.

Collection date: _____ **Collection time:** _____ **Collected by:** _____

Clinical information: ❑ Immunocompromised ❑ Prenatal ❑ Outbreak # _____

Other clinical information: _____

SEROLOGY (Serum Antibody Tests) – Serum separator specimen required

- ❑ Epstein Barr Virus (EBV)
- ❑ Herpes Virus (HSV) 1 & 2 IgG
- ❑ Monospot (Monotest)
- ❑ Mycoplasma pneumoniae IgM
- ❑ Parvovirus B19 IgG
- ❑ Parvovirus B19 IgM
- ❑ Rubella IgG
- ❑ Rubella IgM
- ❑ Toxoplasma IgG
- ❑ Toxoplasma IgM
- ❑ Varicella (VZV) IgG

For CMV serology and Hepatitis A, B, & C serology – send specimen to CHEMISTRY using the following requisitions:

- Inpatients: **PHLEBOTOMY** (Form #101062)
- Outpatients: **COMMUNITY** (Form #101064)

MOLECULAR (PCR) and ANTIGEN TESTS – Performed on specimen types indicated

Respiratory

- ❑ Nasopharyngeal aspirate (NPA)
- ❑ Nasopharyngeal swab (NPS)
- ❑ Throat swab
- ❑ Tracheal aspirate (TA)
- ❑ Bronchial lavage (BAL)

(*Specify lobe* _____)

NOTE: *Indicate above in Clinical Information if this is an **outbreak***)

❑ **Respiratory Virus Screen**

Other available tests:

- ❑ Enteroviruses
- ❑ Atypical bacteria (*Mycoplasma*, *Chlamydia*)
- ❑ Pertussis bacteria (*B. pertussis*, *B. parapertussis*)
- ❑ Legionella *(Only for BAL or TA)*
- ❑ Cytomegalovirus (CMV) (*Only if immunocompromised*)

Cerebrospinal Fluid

❑ **Herpes & Varicella viruses (HSV-1 & 2, VZV)**

Other available tests:

- ❑ BK and JC viruses
- ❑ Enteroviruses
- ❑ Cytomegalovirus (CMV)

Eye ❑ Right ❑ Left

- ❑ Aqueous
- ❑ Vitreous
- ❑ Corneal scraping
- ❑ Conjunctiva swab

- ❑ Virus eye panel (Adenovirus, Herpes virus, Chlamydia trachomatis)
- ❑ Cytomegalovirus (CMV)
- ❑ Acanthamoeba

Feces

NOTE: *Indicate above in Clinical Information if this is an **outbreak***)

- ❑ Clostridium difficile
- ❑ Enteroviruses
- ❑ Norovirus
- ❑ Rotavirus antigen

Urine

- ❑ Cytomegalovirus (CMV)
- ❑ BK and JC viruses

Skin/Oral/Genital

- ❑ Herpes & Varicella viruses (HSV1 & 2/VZV)

Specify site: _____

Plasma (Lavender EDTA)

Only if immunocompromised and/or transplants

- ❑ BK and JC viruses
- ❑ West Nile Virus
- ❑ Cytomegalovirus (CMV) viral load
- ❑ Epstein Barr Virus (EBV) viral load

NOTE: A **single** EDTA tube may be submitted if **both** the CMV and EBV viral load tests are requested.

Other Tests (*Indicate type of specimen*)