



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

**LABORATORY USE ONLY**

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>	

**SAMPLE REF. NO.**

**DATE COLLECTED**  
(DD/MMM/YYYY)

**TIME COLLECTED**  
(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 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>POC Tested</b> Influenza A <input type="radio"/> Positive <input type="radio"/> Negative <b>by Submitter:</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>HEPATITIS VIRUSES</b> <b>EDTA Blood for:</b> <input type="checkbox"/> HCV RNA Quantitative (Use for diagnosis and monitoring) <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*) For WNV, specify travel to endemic area if not WNV season: _____ *Offered during WNV season <input type="checkbox"/> Meningitis (HSV-2, Enterovirus) <input type="checkbox"/> Other, specify: _____
For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at <a href="http://www.elabhandbook.info/PHSA/Default.aspx">www.elabhandbook.info/PHSA/Default.aspx</a>	<b>BIOPSY / AUTOPSY / OTHER TESTS</b> <input type="checkbox"/> Specify: _____
	<b>GASTROINTESTINAL VIRUSES</b> <b>Feces* for:</b> <input type="checkbox"/> GI Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus) <input type="checkbox"/> Other, specify: _____ <b>*Guideline for Ordering Stool Specimens</b> <a href="http://www.bcguidelines.ca/gpac/guideline_diarrhea.html">www.bcguidelines.ca/gpac/guideline_diarrhea.html</a>
	<b>MEASLES / MUMPS / 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: _____ <input type="checkbox"/> Mumps <input type="checkbox"/> Buccal swab <input type="checkbox"/> Urine  *Sample forwarded to reference laboratory for testing

DATE INOC.			LABORATORY USE ONLY			
DATE	DAY	RMK	A549	MRC-5		

DATE INOC.		LABORATORY USE ONLY			
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