ZEP

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

Public Health Laboratory

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

Zoonotics Diseases & Emerging Pathogens Requisition

ZEP

LM LABS

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)

TRAVEL/CLINICAL HISTORY: _____

Section 2 - Test(s) Requested

VIRUSES

☐ Chikungunya Virus Antibody

☐ Dengue Virus Antibody

☐ Hanta Virus Antibody*
***for hemorrhagic cases consultation required**

☐ West Nile Virus Antibody

☐ Zika Virus Antibody and PCR
Submit 1 gold top and 1 EDTA blood tube

☐ Other, specify: _____

Travel / Clinical History Required for Above Tests
(indicate prenatal status for Zika virus)

Signs / Symptoms

☐ Asymptomatic

☐ Insect bite: ☐ Skin rash:

Type/Location: _____

☐ Neurological

☐ Other, specify: _____

BACTERIA

☐ Anti-Streptolysin O (ASO)

☐ *Bartonella henselae*
☐ Antibody ☐ PCR*

☐ *Borrelia burgdorferi* (Lyme disease)
☐ Antibody ☐ PCR*

☐ *Borrelia hermsii* Antibody

☐ *Brucella abortus* Antibody

☐ *Coxiella burnetii* (Q-fever) Antibody

☐ *Francisella tularensis* Antibody

☐ *Helicobacter pylori* Antigen (Feces)

☐ *Legionella* sp. Urine Antigen

☐ *Leptospira* spp.
☐ Antibody ☐ PCR*

☐ *Rickettsia rickettsii* Antibody (Rocky Mountain Spotted Fever)

☐ Other, specify: _____

PARASITES

☐ *Echinococcus* spp. Antibody

☐ *Entamoeba histolytica* (Amoebiasis) Antibody

☐ *Schistosoma* spp. Antibody

☐ *Strongyloides* spp. Antibody

Travel History Required for Above Tests

☐ *Leishmania* spp. Antibody

☐ *Toxoplasma gondii* Antibody
☐ Immune status IgG ☐ Acute Infection IgM

☐ *Trichinella* spp. Antibody

☐ *Trypanosoma cruzi* (American trypanosomiasis) Antibody

☐ Other, specify: _____

SYPHILIS

☐ VDRL (CSF sample only)
Submit 1 mL CSF in sterile leak-proof tube

☐ *Treponema pallidum* Nucleic Acid Testing*
Submit exudate, tissue or body fluid

☐ Darkfield (DF) Microscopy
Source of sample: _____

☐ Direct Fluorescent Assay (DFA) Microscopy
Source of sample: _____

Signs / Symptoms ☐ Asymptomatic ☐ Rash

☐ Other, specify: _____

FUNGI

☐ *Blastomyces dermatidis* Antibody

☐ *Coccidioides* sp. Antibody

☐ *Cryptococcus neoformans* Antigen

☐ *Histoplasma* sp. Antibody

☐ Other, specify: _____

Travel History Required for Above Tests

DIPTHERIA/TETANUS

Antitoxin** ☐ Diphtheria ☐ Tetanus

****LIMITED TO (please indicate):**

☐ <17 years old ☐ Organ transplant patient

☐ Immune deficiency work-up

* CONSULTATION REQUIRED

Please telephone Program Head (Clinical Microbiologist) at (604) 707-2622

For other available tests and additional information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

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.

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Province-wide solutions.
Better health.