

# VIROLOGY REQUISITION

## Microbiology

**\*One requisition per patient specimen**

### COLLECTION INFORMATION

Specimen Type:

Date & Time:   
(yyyy/mm/dd) (HH:MM)

Collected By:

Senders Lab #:

Inpatient       Outpatient

**\* 1 requisition per patient specimen**

### PATIENT INFORMATION

PIN:     Unit:     Room #:

Health Card #:

Last Name:

First Name:

Date of Birth (yyyy/mm/dd):

Sex: M     F     Other

Ordering Physician:

Copy To:

Unit/Clinic:

**STAT**    **Phone results to:**

Physician Name:

Ext #:

Pager #:

### RELEVANT CLINICAL DIAGNOSIS AND HISTORY

### SHIPPING INSTRUCTIONS

All specimens that **DO NOT MEET** the transport requirements will be **REJECTED**

Specimens that will arrive at LHSC within 5 days from the time of collection can be shipped on ICE PACKS

If >5 days from the time of collection, specimens must be shipped FROZEN ON DRY ICE

**\*One requisition per patient specimen**

**PATIENT INFORMATION**

PIN:	<input type="text"/>	Health Card #:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>

**PCR**

**MINIMUM SAMPLE VOLUMES**

Minimum Volume Needed:

- **CSF** - 200-300 ul per 1 test, for multiple tests please ensure adequate sample volume submitted
- **Plasma** - 0.5 mL minimum for 1 test, >1 mL recommended for multiple tests
- **Urine** - 1 mL minimum for 1 test, 2-3 mL recommended for multiple tests
- **BAL** - minimum volume of 1 mL

**TEST REQUESTED FOR RPCR**

TEST	RECOMMENDED SPECIMENS
<input type="checkbox"/> Quantitative CMV	Transplant monitoring (Plasma Only)
<input type="checkbox"/> Quantitative EBV	Transplant monitoring (Plasma Only)
<input type="checkbox"/> Quantitative BKV	Transplant monitoring (Plasma Only)
<input type="checkbox"/> Qualitative CMV	Plasma, CSF, BAL, Urine (pediatric patients only), Vitreous Fluid/Aqueous Fluid, Fluids (amniotic, ascites, pleural)
<input type="checkbox"/> Qualitative EBV	Plasma, CSF
<input type="checkbox"/> Qualitative BKV	Plasma, Urine
<input type="checkbox"/> HSV / VZV	Plasma, CSF, Lesion/mucosal swabs, Fluids (vitreous/aqueous)
<input type="checkbox"/> Enterovirus	CSF Only
<input type="checkbox"/> COVID	Nasopharyngeal Swab, Lower Respiratory
<input type="checkbox"/> RPCR	Nasopharyngeal Swab, Lower Respiratory
<input type="checkbox"/> Bordetella Pertussis	Nasopharyngeal Swab/Aspirate