ZEP ZEP

BC Centre for Disease Control
Provincial Health Services Authority

Public Health Laboratory

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

Zoonotics Diseases & Emerging Pathogens Requisition

Highlighted fields must be completed

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)

PATIENT SURNAME

PATIENT FIRST AND MIDDLE NAME

DOB DD MMM YYYY

SEX M ☐ F ☐ X ☐ Unk ☐

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

CONTACT NO. (XXX) XXX-XXXX

DATE RECEIVED

LABORATORY USE ONLY

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY) Unk ☐

TIME COLLECTED (HH:MM) Unk ☐

ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)

☐ **I am a Locum** (provide name of Practitioner and Clinic to receive report)

ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Limit of 3 copies available)
(Name, Address / MSP#/ PHSA Client#)

1.

2.

3.

Section 2 - Test(s) Requested

SIGNATURE OF ORDERING PRACTITIONER

DATE SIGNED

VIRUSES

- ☐ Chikungunya Virus Antibody
- ☐ Dengue Virus Antibody
- ☐ Hanta Virus Antibody*
  ***for hemorrhagic cases consultation required**
- ☐ West Nile Virus Antibody
- ☐ Zika Virus PCR
  Submit 1 gold top and 1 EDTA blood tube
- ☐ Jamestown Canyon /Snowshoe Hare Virus Antibody
  (California serogroup)
- ☐ 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

- ☐ Anaplasma Antibody
- ☐ Anti-Streptolysin O (ASO)
- ☐ *Bartonella henselae*
  ☐ Antibody ☐ PCR*
- ☐ *Borrelia burgdorferi* (Lyme disease)
  ☐ Antibody ☐ PCR*
- ☐ *Borrelia hermsii* PCR
- ☐ *Brucella abortus* Antibody
- ☐ *Coxiella burnetii* (Q-fever)
  ☐ Antibody ☐ PCR*, Date of onset_____
- ☐ *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
- ☐ *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, body fluid, Aptima, or UTM Swab

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

TRAVEL/CLINICAL HISTORY: _____

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