




## Tool 10: BCCDC Virology Requisition (Sample)

### Instructions:

1. **Enclose** completed requisition(s) with the specimen(s) and ship to BCCDC.  
 BCCDC: Public Health Laboratory  
 Virology Laboratory  
 655 WEST 12<sup>th</sup> AVENUE  
 VANCOUVER, BC V5Z 4R4  
 Tel: 604-707-2623  
 Fax: 604-707-2605
2. A **maximum of six specimens** are accepted **per outbreak** (avoid submissions over multiple days).
3. Inform your MHO/PH contact

 <b>Public Health Laboratory</b> 655 West 12th Avenue, Vancouver, BC V5Z 4R4 <a href="http://www.bccdc.ca/publichealthlab">www.bccdc.ca/publichealthlab</a>		 <b>Virology Requisition</b>	
PHN is <b>REQUIRED</b> for labs to display in UCI/CareConnect		<b>FULL name and FULL DOB or PHN MUST</b> be written on each sample (even if also written on this lab requisition) or testing will <b>NOT</b> be performed	
<b>Section 1 - Patient/Provider Information</b> (Two matching unique patient identifiers on sample container and requisition are required for sample processing)			
<b>PERSONAL HEALTH NUMBER</b> <small>(Print out of personal Health Number and provider)</small>		<b>ORDERING PRACTITIONER</b> <small>Name and MSCR</small>	
<b>PATIENT SURNAME</b>		<b>Address of report delivery</b>	
<b>PATIENT FIRST AND MIDDLE NAME</b>		<input type="checkbox"/> Lab visit require a copy of the report <small>If patient, include name of Practitioner</small>	
<b>DOB</b> <small>(DD/MM/YYYY)</small>	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (link)	<b>O&amp;O/affiliated LTC: Most Responsible Physician or Nurse Practitioner</b>  <b>O&amp;O/affiliated AL: Regional Medical Health Officer (specify, do not just write "MHO") or the client's GP</b>  <b>Non-affiliated LTC/AL/IL: Client's GP</b>  <small>Always include full name, billing info, and practice address for lab reports distribution to appropriate EMRs</small>	
<b>PATIENT ADDRESS</b> <b>Residents:</b> put facility address (incl. postal code) <b>Staff:</b> put home address (incl. postal code)		<b>ADDITIONAL COPIES TO PRACTITIONER</b> <small>(Name, Address / MSCR/PHSA Central) (Limit of 3 copies maximum)</small>	
<b>CITY</b>		<b>OUTBREAK ID:</b>	
<b>PROVINCE</b>		<b>SAMPLE REF. NO.</b>	
<b>POSTAL CODE</b>		<b>DATE COLLECTED</b> <small>(DD/MM/YYYY)</small>	
		<b>TIME COLLECTED</b> <small>(HH:MM)</small>	
		<small>Date and time must be written and match what is on samples</small>	
<b>Section 2 - Test(s) Requested</b>			
<b>RESPIRATORY PATHOGENS</b> <input type="checkbox"/> Influenza A, Influenza B, RSV <input type="checkbox"/> COVID-19 <input type="checkbox"/> MEHS (Approval and travel history required) <input type="checkbox"/> Enterovirus D68 (Seasonal; when outside season, approval required) <input type="checkbox"/> Other, specify: _____ <b>Indicate sample site:</b> <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nares (Nasal) <input type="checkbox"/> Oropharynx <input type="checkbox"/> Throat <input type="checkbox"/> Lower Respiratory Tract: _____ <input type="checkbox"/> Other, specify: _____ <b>Indicate container type:</b> <input type="checkbox"/> Swab with transport media <input type="checkbox"/> Saline gargle (Saline gargle for COVID testing, indicate "Oropharynx" above) <input type="checkbox"/> Wash: _____ <input type="checkbox"/> Others: _____		For other available tests and sample collection information, consult the Public Health Laboratory's <i>Lab Handbook</i> : <a href="http://www.eLabHandbook.info/PHSA/Default.aspx">www.eLabHandbook.info/PHSA/Default.aspx</a> <b>PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE</b> <small>(Please provide travel history where indicated*)</small> <b>Indicate if staff or resident</b>	
<b>VIRUS SUBTYPING</b> <input type="checkbox"/> Influenza A <input type="checkbox"/> Adenovirus (Surveillance/outbreak investigations only) Ct value: _____ or viral signal: weak / strong		<b>OUTBREAK LOCATION / INFORMATION</b> <b>Indicate outbreak location and facility type (LTC/AL/IL)</b>	
<b>HEPATITIS VIRUSES</b> Please see the <b>Serology Screening Requisition</b> to order HCV RNA and/or HCV genotyping testing.		<b>HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES</b> <input type="checkbox"/> Genital lesion swab <input type="checkbox"/> Non-genital lesion swab <input type="checkbox"/> Skin swab <input type="checkbox"/> Other, specify: _____	
		<b>GASTROINTESTINAL VIRUSES</b> <b>Feces** for:</b> <input type="checkbox"/> Gastrointestinal Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus) <input type="checkbox"/> Enterovirus <input type="checkbox"/> Other, specify: _____ <small>**Guideline for Ordering Stool Specimens: <a href="http://www.bccguidelines.ca/gpac/guideline_diarrea.html">www.bccguidelines.ca/gpac/guideline_diarrea.html</a></small>	
		<b>BIOPSY / AUTOPSY / OTHER TESTS</b> <input type="checkbox"/> Plasma for West Nile virus (Seasonal) <input type="checkbox"/> Eye sample for Adenovirus, HSV 1, HSV 2, VZV <input type="checkbox"/> Other, specify: _____	
		<b>MEASLES</b> <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify: _____	
		<b>MUMPS</b> <input type="checkbox"/> Buccal/Oral swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify: _____	
		<b>RUBELLA</b> <input type="checkbox"/> Nasopharyngeal washing/swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify: _____	
		<input type="checkbox"/> Recent MMR vaccination <input type="checkbox"/> Recent travel (Provide travel history if available*)	
<small>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 in 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.</small>			
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