



Serology and Molecular Testing Requisition

ALBERTA PRECISION

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Refer to APL Test Directory for detailed information: <http://ahsweb.ca/lab/apl-td-lab-test-directory>
 For Zoonotic Infections (eg. Mosquito-borne, tick-borne) use Form 20087 (Zoonotic Testing Requisition)

Scanning Label or Accession # (lab only)

Patient	PHN _____ Expiry: _____		Date of Birth (dd-Mon-yyyy)		
	Legal Last Name _____		Legal First Name _____		Middle Name _____
	Alternate Identifier _____	Preferred Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	Phone _____
	Address _____		City/Town _____	Prov _____	Postal Code _____
Provider(s)	Authorizing Provider Name (last, first, middle) _____			Copy to Name (last, first, middle) _____	Copy to Name (last, first, middle) _____
	Address _____		Phone _____	Address _____	Address _____
	CC Provider ID _____	CC Submitter ID _____	Legacy ID _____	Phone _____	Phone _____
	Clinic Name _____			Clinic Name _____	Clinic Name _____

Collection	Date (dd-Mon-yyyy) _____	Time (24 hr) _____	Location _____	Collector ID _____	Outbreak (EI) if applicable (yyyy-###) _____
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Specimen/Type Source - Specify					
<input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow Tissue <input type="checkbox"/> Autopsy (specify) _____ <input type="checkbox"/> Biopsy (specify) _____	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Fluid <input type="checkbox"/> CSF <input type="checkbox"/> Auger Suction <input type="checkbox"/> Bronchoalveolar Lavage (BAL) <input type="checkbox"/> Eye (Aqueous) <input type="checkbox"/> Eye (Vitreous) <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Urine </td> <td style="width: 50%; vertical-align: top;"> Swab <input type="checkbox"/> Buccal <input type="checkbox"/> Cervical <input type="checkbox"/> Eye (specify) _____ <input type="checkbox"/> Lip <input type="checkbox"/> Lesion (specify) _____ Other <input type="checkbox"/> Stool <input type="checkbox"/> Other (specify) _____ </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Mouth <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Throat <input type="checkbox"/> Urethral </td> <td></td> </tr> </table>	Fluid <input type="checkbox"/> CSF <input type="checkbox"/> Auger Suction <input type="checkbox"/> Bronchoalveolar Lavage (BAL) <input type="checkbox"/> Eye (Aqueous) <input type="checkbox"/> Eye (Vitreous) <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Urine	Swab <input type="checkbox"/> Buccal <input type="checkbox"/> Cervical <input type="checkbox"/> Eye (specify) _____ <input type="checkbox"/> Lip <input type="checkbox"/> Lesion (specify) _____ Other <input type="checkbox"/> Stool <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Mouth <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Throat <input type="checkbox"/> Urethral	
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<input type="checkbox"/> Mouth <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Throat <input type="checkbox"/> Urethral					

Provide Clinical History or Reason for Testing below - Testing will NOT proceed if this section is incomplete					
Reason for Testing Date of onset OR Duration of symptoms _____ Symptoms (Check all that apply) <input type="checkbox"/> Fever <input type="checkbox"/> Rash (type) _____ <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Respiratory (specify) _____ <input type="checkbox"/> Neurologic <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Polyarthritis	List Countries visited within past 3 months of symptom onset OR provide relevant travel history <input type="checkbox"/> No Travel <table style="width: 100%;"> <tr> <td style="width: 50%;">Date of return (dd-Mon-yyyy) _____</td> <td>Relevant immunizations and dates _____</td> </tr> <tr> <td colspan="2"> Immunocompromised <input type="checkbox"/> No <input type="checkbox"/> Yes (details) _____ </td> </tr> </table>	Date of return (dd-Mon-yyyy) _____	Relevant immunizations and dates _____	Immunocompromised <input type="checkbox"/> No <input type="checkbox"/> Yes (details) _____	
Date of return (dd-Mon-yyyy) _____	Relevant immunizations and dates _____				
Immunocompromised <input type="checkbox"/> No <input type="checkbox"/> Yes (details) _____					

Viral Serology	Parasite Serology	Molecular Testing (NAT/PCR)
<input type="checkbox"/> CMV IgG (LAB467) <input type="checkbox"/> EBV Panel (LAB1731) <input type="checkbox"/> HSV IgG (LAB507) <input type="checkbox"/> Measles IgG (LAB657) <input type="checkbox"/> Mumps IgG (LAB160) <input type="checkbox"/> Parvovirus IgG (LAB4309) <input type="checkbox"/> Rubella IgG (LAB49602) <input type="checkbox"/> VZV IgG (LAB162) <input type="checkbox"/> CMV IgM (LAB4255) <input type="checkbox"/> Measles IgM (LAB4313) <input type="checkbox"/> Mumps IgM (LAB4307) <input type="checkbox"/> Parvovirus IgM (LAB800) <input type="checkbox"/> Rubella IgM (LAB865) <input type="checkbox"/> HIV Serology (LAB473)	<input type="checkbox"/> Echinococcus (LAB1234) <input type="checkbox"/> Toxoplasma (LAB3758) <input type="checkbox"/> Schistosomiasis (LAB1235) <input type="checkbox"/> Strongyloides (LAB19528) Bacterial Serology <input type="checkbox"/> Brucella (LAB6003) <input type="checkbox"/> Diphtheria antitoxin (LAB6012) <input type="checkbox"/> M. pneumoniae (LAB799) <input type="checkbox"/> Syphilis (LAB1197) <input type="checkbox"/> Tetanus antitoxin (LAB6038) Fungal Serology <input type="checkbox"/> Blastomyces Antibody (LAB6001) <input type="checkbox"/> Coccidioides Antibody (LAB791) <input type="checkbox"/> Histoplasma Antibody (LAB6019) <input type="checkbox"/> Galactomannan Antigen (LAB1311)	<input type="checkbox"/> Bordetella Panel (LAB923) <input type="checkbox"/> CSF Viral Panel (LAB4153) <input type="checkbox"/> Entero/Parechovirus (OP 0421837) <input type="checkbox"/> Eye Panel Conjunctivitis (LAB4156) <input type="checkbox"/> Eye Panel Chorioretinitis (LAB4152) <input type="checkbox"/> Gastroenteritis Viral Panel (LAB1901) <input type="checkbox"/> Hepatitis C RNA (LAB1834) <input type="checkbox"/> HSV/VZV (OP 0421955) <input type="checkbox"/> HIV 1 Qualitative (LAB919) <input type="checkbox"/> Measles Virus (LAB4313) <input type="checkbox"/> Mumps Virus (LAB4307) <input type="checkbox"/> Syphilis (T. pallidum) (OP 0474142) Restricted Molecular Testing <input type="checkbox"/> Adenovirus (OP 0421707) <input type="checkbox"/> BK Virus (LAB13741) <input type="checkbox"/> CMV (OP 0421720) <input type="checkbox"/> EBV (LAB1373) <input type="checkbox"/> HBV DNA (LAB951) <input type="checkbox"/> HIV 1 Viral Load (LAB919) <input type="checkbox"/> JC Virus (LAB9779) <input type="checkbox"/> Toxoplasma (OP 0474134)

Specify Other Serology and Molecular Tests

Do Not Submit this page

Guidance Notes

The Tables and notes below provide supplementary information on the tests, clinical indications, sample types and transport medium. Consult the [Alberta Precision Laboratories Test Directory](#) at Alberta Precision Laboratories | Lab Services (albertahealthservices.ca) for comprehensive information.

Viral Serology:

IgM antibody testing can be helpful in diagnosing an acute symptomatic infection; therefore, testing **WILL ONLY BE PERFORMED** when symptoms and date of onset of illness are provided. Testing for IgM antibody in asymptomatic patients can result in false positives results. IgM antibody can persist for long periods; consult the Virologist-on-Call for help with interpretations. IgG antibody results from infection or immunization and for some infectious agents is also representative of immunity.

Parasite and Fungal Serology:

Travel history, symptoms and date of onset or duration of illness are MANDATORY when sending samples to the National Reference Centre for Parasitology or other Reference Laboratories for testing.

Molecular Detection [Nucleic Acid Testing (NAT)]:

Test	Usual Specimen(s)	Comments
Bordetella Panel	Nasopharyngeal swab ONLY in Regan-Lowe medium (Black charcoal based medium)	Testing includes <i>Bordetella pertussis</i>
Eye Viral Panels	Eye Panel (Conjunctivitis) - Swab Eye Panel (Chorioretinitis) - Fluid	Swab Panel – HSV, VZV, adenovirus and enterovirus Fluid Panel – CMV, HSV, VZV, Toxoplasma gondii
CSF Viral panel	Minimum volume = 0.5 mL CSF	Panel includes HSV/VZV and entero/parechovirus testing
Entero/parechovirus	Stool in sterile container, NO preservative or transport medium,	Detection of polio and non-polio enteroviruses causing acute flaccid paralysis – send stool and throat swab
	Lesion swab in Universal Transport Medium	Some enteroviruses, e.g., coxsackievirus, cause vesicular skin lesions, in these cases a swab from the lesion should be collected
Gastroenteritis Viral panel	Stool in sterile container (NO preservative or transport medium)	For outbreaks obtain an EI number through the zone Medical Officer of Health or designate
Herpes simplex & varicella zoster	Lesion swab in Universal Transport Medium	Multiplex PCR assay can distinguish between HSV type 1, type 2 and varicella-zoster
HCV RNA (hepatitis C)	Serum SST vacutainer x 2	HCV RNA confirmatory testing is automatically performed on the residual serum from a new case screening positive for HCV antibody. For suspected re-infections or to monitor treatment progress specify the reason for the request to prevent cancellation
HIV 1 NAT (QUAL)	EDTA blood (Lavender top vacutainer) Remote users - send Plasma Preparation tubes (PPT)	To verify the diagnosis of HIV, when the HIV immunoblot is reported indeterminate or negative
Measles	Nasopharyngeal swab OR throat swab in Universal Transport Medium AND/OR urine in sterile container.	MUST notify zone Medical Officer of Health of suspected cases
Mumps	Buccal swab in Universal Transport Medium Blood for mumps serology	Send urine only if individual has orchitis/oophoritis
Syphilis	Lesion swab in Universal Transport Medium Also send blood for syphilis serology	Testing can be combined with herpes simplex detection

Restricted Molecular Testing:

Tests listed below are for diagnosis and monitoring in transplant and immunocompromised patients or to help clarify the diagnosis in some complex clinical scenarios. When requesting, MUST provide clinical indication or reason for testing.

Test/Virus	Usual Indications	Usual Specimen
HIV 1 Viral Load	Treatment monitoring	EDTA blood x 2 (Lavender top vacutainer) Remote users - send Plasma Preparation tubes (PPT) x 2
	Refer to the APL Test Directory for information on testing and routing to the designated laboratory	
HIV proviral DNA	Primarily to diagnose HIV in the newborn Sent to HIV Reference Lab (Winnipeg) Monday to Thursday. Do NOT send samples on Thursday, Friday, weekends or statutory holiday, to allow for shipping within the required 24 hr timeline.	EDTA blood
HBV DNA (hepatitis B)	Determination of viremia or treatment monitoring	EDTA blood x 2
Adenovirus, Cytomegalovirus, Epstein-Barr virus	Primarily for monitoring in transplant/significantly immunocompromised patients	EDTA blood
JC virus	As above	CSF
BK virus	As above	EDTA blood & Urine

Hepatitis Markers – abbreviations and usual indications for testing

HAV IgG	Hepatitis A IgG	Past infection or vaccination response
HAV IgM	Hepatitis A IgM	Recent infection
HBsAb	Antibody to hepatitis B surface antigen	Immunity status
HBsAg	Hepatitis B surface antigen	Screening for acute or chronic infection
HBc Total Ab	Total antibody to hepatitis B	Exposure at undetermined time
HBc IgM Ab	IgM antibody to HBV core	Recent infection
HBe Ab OR HBe Ag	Antibody to HBV e antigen OR HBV e antigen	Prognostic markers for HBV infection