Virology Laboratory

Regional Microbiology Reference Laboratory
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integrated Laboratory Medicine
Médecine de laboratoire intégrée

NAME: _____

ADDRESS: _____

_____

SEX: _____ BIRTHDATE: _____

OHCN: _____

PHYSICIAN: _____

External Submitter Stamp Here

Relevant Clinical Diagnosis and History

☐ Asymptomatic ☐ Vomiting ☐ Rash ☐ Other: *(include travel history)*
☐ Fever ☐ Diarrhea ☐ Neutropenic _____
☐ Cough ☐ Seizures ☐ Pregnant
☐ Rhinorrhea ☐ Headache ☐ Transplant patient _____

Date of onset of illness: _____ _____

Requesting Physician

Collection Date/Time: YYYY/MM/DD

Submitting Lab Accession No.

Serology

Red or SST tube only

Measles
☐ IgG

Mumps
☐ IgG
☐ IgM

Cytomegalovirus
☐ IgG
☐ IgM

Toxoplasmosis
☐ IgG
☐ IgM

Hepatitis A
☐ IgG
☐ IgM

Hepatitis B
☐ Surface Antibody (anti-HBs)
☐ Surface Antigen (HBsAg)

Rubella
☐ IgG
☐ IgM

Varicella
☐ IgG
☐ IgM

Epstein-Barr Virus
☐ IgG
☐ IgM

Parvovirus
☐ IgG
☐ IgM

Hepatitis C
☐ Antibody

☐ Core Total Antibody (anti-HBc total)

PCR

Certain requests require Microbiologist approval

BLOOD (Red Tube)
☐ HBV Quantitative
☐ HBV Genotyping
☐ HCV Quantitative
☐ HCV Genotyping

BLOOD (EDTA Tube)
☐ Adenovirus, Qualitative
☐ Parvovirus, Qualitative
☐ Toxoplasma, Qualitative
☐ BK Virus, Quantitative
☐ CMV, Quantitative
☐ EBV, Quantitative

CEREBROSPINAL FLUID (CSF)
☐ HSV
☐ VZV
☐ Enterovirus
☐ Other _____

HERPES / ZOSTER PANEL (Swab only)
☐ HSV/VZV Panel - HSV1, HSV2, VZV

Specimen type :
☐ Genital lesion
☐ Skin lesion/aspirate

GASTROINTESTINAL PANEL (Stool only)
☐ GI Virus Panel
- Adenovirus (Serotypes 40,41); Astrovirus; Norovirus GI; Norovirus GII; Rotavirus; Sapovirus

URINE
☐ BK Virus, Quantitative
☐ CMV, Qualitative

RESPIRATORY PANEL
☐ Triplex Panel - Flu A; Flu B; RSV
☐ RV-16 Panel 2 - Adenovirus; Enterovirus; Parainfluenza 1, 2, 3, 4; HMPV
☐ RV-16 Panel 3 - Coronavirus OC43, 229E, NL63; Bocavirus; HBOV; Rhinovirus

Specimen Type:
☐ Nasopharyngeal Swab
☐ Auger Suction
☐ Bronchoalveolar Lavage

THROAT SWAB (Viral Transport Media)
☐ Mycoplasma pneumoniae

OTHER TESTING

_____

_____

Specimen Type: _____

MICROBIOLOGIST APPROVAL AND NOTES

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