



# REQUISITION FOR RICKETTSIA AND RELATED ZONOTIC DISEASES

## Arbovirus, Rabies, Rickettsia and Related Zoonotic Diseases

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### SENDER INFORMATION

NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE:

FAX:

### PATIENT INFORMATION

NAME-CODE:

DATE OF BIRTH (YYYY-MM-DD):

SEX ☐ M ☐ F ☐ O

SPECIFY:

CITY:

PROVINCE:

OTHER INFORMATION:

### SPECIMEN INFORMATION

SPECIMEN REF #:

DATE TAKEN (YYYY-MM-DD):

☐ SERUM

☐ WHOLE BLOOD

☐ TISSUE (SPECIFY):

SPECIMEN PREVIOUSLY SUBMITTED: ☐ YES ☐ NO

IF YES, PREVIOUS NML SPECIMEN # OR SENDER #

### SUSPECTED EXPOSURE

☐ SPOTTED FEVER RICKETTSIOSIS

☐ TYPHUS GROUP RICKETTSIOSIS

☐ *COXIELLA BURNETII* (Q FEVER)

☐ *ORIENTIA TSUTSUGAMUSHI* (SCRUB TYPHUS)

☐ OTHER RICKETTSIA SPECIES (SPECIFY):

### TEST REQUESTED

☐ SEROLOGY

☐ MOLECULAR DETECTION\*\*

### CLINICAL HISTORY\*\*

☐ ARTHROPOD BITE (SPECIFY):

☐ LIVESTOCK EXPOSURE (SPECIFY):

☐ FEVER

☐ HEADACHE

☐ RASH

☐ ARTHRALGIA

☐ MYALGIA

☐ MALAISE

☐ ESCHAR

☐ ENDOCARDITIS

☐ RESPIRATORY SYMPTOMS

☐ OTHER (SPECIFY):

DATE OF ONSET\*\* (YYYY-MM-DD):

\*\* Required for Molecular Detection. Sample will be rejected if fields are not completed.

### ANTIBIOTICS ADMINISTERED

### TRAVEL HISTORY

### For NML Use:

RECEIVED:

ACCESSIONED:

NML#:

COMMENT