

NEW BRUNSWICK SENTINEL INFLUENZA PRACTITIONER NETWORK (NB SPIN) LAB REQUISITION

INSTRUCTIONS FOR NB SPIN SITE: Send completed requisition and refrigerated specimen to your laboratory as soon as possible. Specimen and requisition must be identified with patient's full name and medicare number

INSTRUCTIONS FOR REGIONAL LAB: Send completed requisition and refrigerated specimen to the Dr. G. L. Dumont University Hospital Centre Virology Laboratory (address at bottom of form). **Do not** separate requisition from specimen.

Referred hospital	Specimen #	Patient name		
Antibiotics	Allergies	Date of birth: y m d		Unit #
Site <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Nursing Home <input type="checkbox"/> Doctor office <input type="checkbox"/> Emergency room <input type="checkbox"/> Intensive care unit <input type="checkbox"/> U de M <input type="checkbox"/> Clinic, specify: _____ <input type="checkbox"/> Other, specify: _____		Medicare #		Sex
Address				
Attending physician			Ordering physician	
Collection date: y m d		Time	Completed by:	

Test

Please specify required test : PCR Influenza surveillance

Specimen

Nasopharyngeal swab Nasal swab
 Nasopharyngeal aspiration Other: _____

Relevant clinical and epidemiological information

Fever: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Contact with infectious person with respiratory illness within the last 10 days: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Specify: _____
Pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Travelled in the last 10 days: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Specify: _____
Received Oseltamivir/Zanamivir: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Exposure to swine or poultry in the last 10 days: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Specify: _____
Received current seasonal influenza vaccine: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	

Laboratory use only

<input type="checkbox"/> Bathurst	<input type="checkbox"/> Grand-Sault	<input type="checkbox"/> St-John
<input type="checkbox"/> Campbelton	<input type="checkbox"/> Georges L.-Dumont	<input type="checkbox"/> St-Quentin
<input type="checkbox"/> Caraquet	<input type="checkbox"/> Lameque	<input type="checkbox"/> Tracadie
<input type="checkbox"/> Edmundston	<input type="checkbox"/> Miramichi	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Fredericton	<input type="checkbox"/> Moncton Hospital	

**** The original requisition and the specimen must be sent to:**
 DR ALFRED BASTARACHE LABORATORY, DR G.L. DUMONT UNIVERSITY HOSPITAL
 CENTRE, VIROLOGY LABORATORY
 330 University avenue, Moncton, N.B. PH: (506) 862-4140 Fax: (506) 862-4827

Date and hour received in
G.L.-Dumont