



Paediatric Laboratory Medicine

**MOLECULAR MICROBIOLOGY
Virus REQUISITION**

MOLECULAR MICROBIOLOGY LABORATORY
Atrium, Room 3676
555 University Ave
Toronto ON M5G 1X8 Canada
Tel: (416) 813-7200
Fax: (416) 813-6599

Patient Surname

First Name

Birthdate (YYYY-MM-DD):

Gender: Male Female

Ontario Health Card # (if available):

Referring Laboratory:

Mailing Address:

Tel #: _____

Referring Physician: _____ Relevant Diagnosis: _____ Referring Lab Accession#: _____

Specimen Type: _____ Collection Date/ Time: (YYYY-MM-DD) _____ - _____ - _____ h (hhmm)

TEST REQUESTED: Please indicate below test(s) required. Consult a Microbiologist for testing outside the Testing Schedule.

Specimen Volume:

- **Blood** - 1mL minimum for 1 test, 3-5mL recommended for multiple tests.
- **Serum or Plasma** - 0.5mL minimum for 1 test, >1mL recommended for multiple tests.
- **CSF** - 200-300ul for 1 test, **for multiple tests please ensure adequate sample volume is submitted.**

SHIPPING INSTRUCTIONS:

- **All specimens MUST** be shipped ON DRY ICE.
- **Exception:** Specimens that can be shipped and arrived at SickKids within 24 hours from the time of collection can be shipped ON ICE PACKS.
- **Specimens that DO NOT MEET** the transport requirements will be REJECTED.

TESTS	▲ Recommended specimens ● Testing Schedule
<input type="checkbox"/> Adenovirus group PCR	▲ Blood in EDTA (plasma) • Urine • Respiratory specimens ● Batched – 2x per week
<input type="checkbox"/> CMV Quantitative PCR	▲ Blood in EDTA ● Testing schedule: dictated by demand
<input type="checkbox"/> Coronavirus PCR ***MUST CONSULT SickKids MICROBIOLOGIST	▲ Nasopharyngeal aspirate • Stool • Blood in EDTA ● Testing schedule: dictated by demand
<input type="checkbox"/> Enterovirus group RT-PCR (Includes Echovirus, Coxsackie virus) = 1 test	▲ CSF (for the diagnosis of aseptic meningitis) ● Batched – Seasonal – 2x per week
<input type="checkbox"/> EBV – Quantitative PCR	▲ Blood in EDTA - for the monitoring of EBV lymphoproliferative disease ● Batched – 1x per week
<input type="checkbox"/> Influenza virus PCR ***MUST CONSULT SickKids MICROBIOLOGIST	▲ Lower respiratory secretions • Throat swab • Nasopharyngeal swab • Blood in EDTA ● Testing schedule: dictated by demand
<input type="checkbox"/> Herpes simplex virus group PCR (HSV-1, HSV-2, CMV, EBV, HHV-8) = 1 test	▲ CSF • Blood* in EDTA • Tissue ● Done daily on specimens received by 8.30am
<input type="checkbox"/> Herpes group combined PCR (HSV-1, HSV-2, CMV, EBV, HHV-8, VZV, HHV-6A, HHV-6B, HHV-7)	▲ Lesion scraping ● Batched – 2x per week
<input type="checkbox"/> Parvovirus B19 PCR	▲ Blood in EDTA (plasma) • Serum ● Batched – 2x per week
<input type="checkbox"/> Polyomavirus (BK/JC) Qualitative PCR	▲ Blood in EDTA (plasma) (for BK virus) • CSF (for JC virus) ● Batched – 2x per week
<input type="checkbox"/> BK Virus Quantitative PCR	▲ Blood in EDTA (plasma) ● Testing schedule: dictated by demand
<input type="checkbox"/> Varicella-zoster virus group PCR (VZV, HHV-6A, HHV-6B, HHV-7) = 1 test	▲ CSF • Blood in EDTA • Tissue ● Performed 3-4 times per week, specimen must be received by 8.30am
<input type="checkbox"/> West Nile Virus (and other mosquito borne Flavivirus) Includes Flavivirus, Japanese Encephalitis, St. Louis Encephalitis = 1 test ***MUST CONSULT SickKids MICROBIOLOGIST	▲ Blood in EDTA (plasma) • Serum • CSF ● Batched – Seasonal – 1-2x per week

***For "MUST CONSULT SickKids MICROBIOLOGIST": Please page Microbiologist on-call through locating 416-813-1500 PRIOR to sending specimens.

MOLECULAR MICROBIOLOGY – *New* REQUISITIONS

- **Virus Requisition**
- **Non-Viral Requisition**

COMPLETING THE REQUISITION

All requisitions **MUST** be filled out completely and legibly.

The information listed below **MUST** be provided when submitting any specimen to the Molecular Microbiology Laboratory.

1. Patient's surname and first name.
2. Patient's Date of Birth (YYYY-MM-DD).
3. Patient's Gender.
4. Patients Ontario Health Card # (if available).
5. Referring Laboratory – Mailing Address.
6. Referring Laboratory – Telephone Number.
7. Referring Physician's Name.
8. Relevant Diagnosis.
9. Referring Lab Reference Number (Accession #).
10. Specimen Type.
11. Specimen Collection – Date (YYMMDD) and Time (HH:MM).

Each test must be clearly marked with an "X".

INCOMPLETE REQUISITIONS

1. Any specimen not accompanied by a **legible, correctly and completely filled out** requisition, one attempt will be made to notify the referring laboratory.
2. Missing or incomplete required information must be provided by means of a new faxed requisition. The Laboratory will not accept verbal information to complete a requisition.
3. If the Molecular Microbiology Laboratory cannot contact the referring laboratory the requisition and specimen will be retained by Molecular Microbiology Laboratory for up to 24 hours, but **will not** be processed. This will be recorded in the laboratory information system.
4. If still suitable for analysis, the specimen will be processed when the Laboratory receives the completed requisition.

SHIPPING INSTRUCTIONS

- Specimens that **DO NOT MEET** the transport requirements outlined in requisition will be **REJECTED**.