

NEW BRUNSWICK SENTINEL PRACTITIONER RESPIRATORY NETWORK (NB SPRN) LAB REQUISITION

INSTRUCTIONS FOR SENTINEL 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 refrigerated specimen to the Dr. G. L. Dumont University Hospital Centre Virology Laboratory
330 University avenue, Moncton, N.B. E1C 2Z3
PH: (506) 862-4140 Fax: (506) 862-4827

NOTE: All sentinel surveillance specimens will be tested for all 3 respiratory infections (influenza, COVID-19 and RSV). Sentinel sites submitting specimens will be informed of the results of these 3 infections.

Referred Hospital: _____		Specimen #: _____	
Site: <input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Doctor's office	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> ER
<input type="checkbox"/> First Nations Health Centre	<input type="checkbox"/> University	<input type="checkbox"/> Clinic	<input type="checkbox"/> Other, specify type: _____
Specify site name: _____			
Patient Information			
Patient name: _____		Unit #: _____	Sex: _____
Date of Birth (dd/mm/yyyy): _____		Medicare number: _____	
Address: _____ _____		Attending Physician: _____	
		Ordering Physician: _____	
Collection date (dd/mm/yyyy): _____		Collection Time: _____	Completed by: _____
Test			
Test required for surveillance: <input checked="" type="checkbox"/> PCR surveillance Tri-panel (Influenza, COVID-19, RSV)			
Specimen Source			
<input type="checkbox"/> Nasopharyngeal swab	<input type="checkbox"/> Nasopharyngeal aspiration	<input type="checkbox"/> Nasal swab	<input type="checkbox"/> Throat/Nasal swab
<input type="checkbox"/> Other: _____			
Relevant clinical and epidemiological information			
Received antivirals for Influenza (Oselta./Zanamivir):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received current seasonal COVID-19 vaccine ¹ :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received antivirals for COVID-19 (Paxlovid):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received current seasonal influenza vaccine ¹ :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travelled in the last 14 days:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Received current seasonal RSV vaccine ¹ :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to swine or poultry in the last 10 days:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
Laboratory Use Only	Date and hour received at G.L.-Dumont: _____		

¹ A seasonal vaccine is defined as having received a COVID-19, influenza or RSV vaccine anytime after the start of the current respiratory season (after September 1st).