

## Request for Clinical History (LGV)

Ordering Physician: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Identifier: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Dear Doctor,**

**Thank-you for your assistance. Lymphogranuloma venereum serology is now only performed at the National Microbiology Laboratory in Winnipeg when accompanied by an appropriate history. Criteria for testing are:**

- **Clinical symptoms suggestive of LGV**
- **Contact with a confirmed case of LGV**
- **Travel to a country where LGV is endemic**
- **Immunocompromise (including HIV+)**

**Clinical situation for patient above:**

---

---

---

**Please fax completed form to Serology, ProvLab via (403) 270-2216. For questions or comments, please page the virologist-on-call via (403) 944-1200.**