

## Provincial Laboratory for Public Health Zoonotic Infection /Arthropod-Borne Infection History Form

A relevant history is required to allow accurate and timely testing from provincial, national and international reference labs. 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. Thank-you for your assistance.

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

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PHN #: \_\_\_\_\_

| Test Request  | HISTORY – must be provided   |
|---|--|
| <input type="checkbox"/> <i>Chlamydia psittaci</i><br><b>NB: In the absence of specific exposure history to birds/animals AND symptomatic illness, <i>C. psittaci</i> serology will <u>NOT</u> be performed by National Microbiology Laboratory</b><br><br><input type="checkbox"/> <i>Coxiella burnetii</i> (Q Fever)<br><br><input type="checkbox"/> Leptospirosis<br><br><input type="checkbox"/> Other requests for zoonotic illness, <b>must specify:</b><br>_____ | Date and type of exposure to bird or animal:<br><br>Travel History (location and date):<br><br>Clinical Symptoms:<br><br>Disease Onset date: |
| <input type="checkbox"/> Lyme<br><input type="checkbox"/> Relapsing Fever<br><input type="checkbox"/> Rickettsia<br><input type="checkbox"/> Ehrlichia/Anaplasma<br><input type="checkbox"/> Other requests for vector-borne bacteria, <b>must specify:</b><br>_____  | Date and type of exposure to ticks or lice:<br><br>Travel History (location and date):<br><br>Clinical Symptoms:<br><br>Disease Onset date:  |
| <input type="checkbox"/> West Nile virus<br><input type="checkbox"/> Dengue<br><input type="checkbox"/> Other requests for arthropod-borne viruses, <b>must specify:</b><br>_____   | Travel History (location and date):<br><br>Clinical Symptoms:<br><br>Vaccination (Yellow Fever, Jap. Enceph.):<br><br>Disease Onset date:    |