

## MALARIA PCR ORDER FORM

**Ship To:** **Edmonton**  
 ProvLab  
 Walter Mackenzie Health Sciences Centre  
 University of Alberta Hospitals  
 8440-112 Street  
 Edmonton, Alberta  
 T6G 2J2

**Calgary**  
 ProvLab  
 3030 Hospital Drive NW  
 OR Calgary, Alberta  
 T2N 4W4

### PLEASE PROVIDE ALL INFORMATION

**Submitting Physician:**

**Ordering Physician:** \_\_\_\_\_ *LAST* \_\_\_\_\_ *FIRST*

**Address:** \_\_\_\_\_ *Complete address including postal code*

**Phone Number:** \_\_\_\_\_

**Additional Copy To:**

**Name:** \_\_\_\_\_ *LAST* \_\_\_\_\_ *FIRST*

**Address:** \_\_\_\_\_ *Complete address including postal code*

**Fax # [BY SPECIAL REQUEST ONLY \*]:** \_\_\_\_\_

**Patient Information:**

**Patient Name:** \_\_\_\_\_ *LAST* \_\_\_\_\_ *FIRST*

**PHN/Hospital #** \_\_\_\_\_

**DOB:** \_\_\_\_\_ *DD / MM / YYYY* Male  Female

**Patient Address:** \_\_\_\_\_

**Specimen:** [Minimum Amount 1 ml]

**EDTA Blood - Frozen or Cold**

**DATE COLLECTED**

DD MM YYYY

TIME (24HRS)

**DATE SENT**

DD MM YYYY

TIME (24HRS)

Country of acquisition/relevant travel:

Fever:  YES  NO

Clinical details/comments:

Prophylaxis/Treatment:

Blood Smear result:

Species/suspected species:

Diagnostic stages seen:

Parasitemia (%):

Comments:

\* **Fax Special Request** - please call (780)407-7121 in Edmonton or (403)944-1200 in Calgary

**THIS FORM MUST ACCOMPANY THE SPECIMEN.**