

MALARIA PCR ORDER FORM

Ship To: **Edmonton**
 ProvLab
 Walter Mackenzie Health Sciences Centre
 University of Alberta Hospital
 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			DATE SENT		
DD	MM	YYYY	DD	MM	YYYY
TIME (24HRS)			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