



REQUISITION FOR SPECIAL BACTERIOLOGY

Special Bacteriology Unit
Bioforensics Assay Development and Diagnostics
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-2137 Fax: (204) 784-7509

SENDER INFORMATION ¹

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

¹ Specify in Comment section if report is to be addressed to someone other than Sender.

PATIENT INFORMATION

IDENTIFIER: _____

DATE OF BIRTH (YYYY-MM-DD): _____

SEX ☐ M ☐ F

CITY: _____

CLINICAL DIAGNOSIS: _____

DATE OF ONSET (YYYY-MM-DD): _____

PATIENT AND/OR TRAVEL HISTORY: ²

² Include all relevant information including exposure risk and underlying disease.

SPECIMEN INFORMATION

SPECIMEN REF #: _____

SOURCE OF SPECIMEN: ³ _____

SPECIMEN TYPE:

☐ PURE CULTURE

☐ OTHER (SPECIFY): _____

COLLECTION DATE (YYYY-MM-DD): _____

³ Clinical or environmental source of sample or isolate (e.g. throat, water, etc.).

The National Microbiology Laboratory (NML) of the Public Health Agency of Canada (PHAC) provides reference diagnostic services free of charge. The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests.

February 2024

SPECIMEN INFORMATION

IF SUBMITTING A PURE CULTURE FOR IDENTIFICATION OR TYPING, PLEASE COMPLETE THE FOLLOWING:

GRAM STAIN -SIZE, SHAPE,ARRANGEMENT, CATALASE, OXIDASE: _____

PRELIMINARY IDENTIFICATION: _____

OF TIMES ISOLATED FROM PATIENT: _____

IDENTIFICATION METHOD (EG. 16S, MALDI-TOF): _____

GROWTH CONDITIONS OR SPECIAL REQUIREMENTS (E.G. STRICT ANAEROBE, GROWS BEST AT 30°C): _____

URGENCY

☐ STANDARD TURN AROUND

☐ RESEARCH

FOR URGENT SAMPLES, CONTACT LABORATORY

TEST REQUESTED ⁴

PCR DETECTION

☐ *CHLAMYDIA PSITTACI*

☐ *CHLAMYDIA PNEUMONIAE*

☐ *TROPHERYMA WHIPPLEI*

☐ *MYCOPLASMA PNEUMONIAE*

☐ *LEGIONELLA PNEUMOPHILA*

☐ 16S rRNA SEQUENCING

PURE CULTURE TESTING

☐ ANTIMICROBIAL SUSCEPTIBILITY TESTING

☐ BACTERIAL IDENTIFICATION

☐ *BURKHOLDERIA CEPACIA* COMPLEX MULTI-LOCUS SEQUENCE TYPING

☐ *CORYNEBACTERIUM* SPP. DIPHTHERIA TOXIN TESTING

☐ *LEGIONELLA PNEUMOPHILA* TYPING

OTHER (SPECIFY): _____

⁴ Samples not accompanied by relevant patient information and clinical history may be subject to rejection. For current acceptance criteria refer to the NML Guide to Services.

COMMENTS

Note: Isolates received for testing may be submitted to culture collections, or anonymized and used in proficiency programs and/or for publications. The molecular data obtained may also be submitted to public databases (e.g. NCBI GenBank, PubMLST, etc.).

YOUR RESULTS ATTACHED? ☐ YES ☐ NO # of Attached Pages _____