



# REQUEST FOR SUSCEPTIBILITY TESTING OF NONTUBERCULOUS MYCOBACTERIA (NTM)

**National Reference Centre for Mycobacteriology**  
National Microbiology Laboratory  
1015 Arlington Street, Winnipeg, MB R3E 3R2  
Telephone: (204) 789-6038  
Fax:(204) 789-2036

### FOR PROVINCIAL LAB USE ONLY:

LABORATORY IDENTIFIER: \_\_\_\_\_

RAPID OR SLOW GROWER: \_\_\_\_\_

SPECIES (IF AVAILABLE): \_\_\_\_\_

HAS A PREVIOUS ISOLATE FROM THIS PATIENT BEEN TESTED? IF SO, INDICATE PREVIOUS NRCM NUMBER AND DATE TEST WAS REQUESTED:

### Brief Clinical History:

### Reason for Request:

**Patient's physician:**

**Physician's signature:**

\_\_\_\_\_

**Patient's physician:** Please sign and return the form to the submitting laboratory

**Submitting provincial laboratory:** Attached to the National Reference Centre for Mycobacteriology requisition form, to the NRCM.

**\*\*Requests for NTM microbroth dilution panels WILL NOT be accepted without this form. This form must be signed by the physician treating the patient.**