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
Email: nml.nrcm-lnm.cnrm@phac-aspc.gc.ca

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:

Clinical or Treatment History (if applicable, please list any antibiotics used to treat this NTM infection):

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.

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.

April 2026