



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 PREVIO	OUS 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.

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.