



REQUEST FORM FOR *MYCOBACTERIUM TUBERCULOSIS* COMPLEX DETECTION FROM DIRECT PATIENT SAMPLES

National Reference Centre for Mycobacteriology

National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6038 / (204) 789-2036

Email: nml.NRCM-Inm.CNRM@phac-aspc.gc.ca

Instructions for submission of isolates for *Mycobacterium tuberculosis* complex detection:

- Please fill out the following form and submit it in conjunction with the NRCM requisition, prior to sample submission.
- Samples should only be forwarded to NRCM after obtaining approval of the program manager/designate.
- Please note the volume and quality of sample for testing:
 - **For sputum:** Minimum of 0.5 mL of decontaminated sediment. Please note that 0.5 ml of a smear positive sample and 1ml of smear negative sample is considered adequate for testing purposes.
 - **For CSF, or other fluid submissions:** Optimally 5 mL, or a minimum of 1 mL sample.
 - **For tissues:** Fresh sterile sample is preferred. Sample should be AFB positive. Frozen samples may be accepted as long as they have been handled in an aseptic environment only. Please note that the submission of formalin fixed tissue is not recommended as the DNA is often too degraded for testing.
 - **For DNA:** A minimum of 100 ng of DNA is required. The DNA should be suspended in a minimum volume of 25 ul molecular grade water/buffer along with a quantification of the DNA in the samples

1. Does the patient have history of TB disease?

2. Is this patient on treatment? If yes, were the samples obtained while patient was on treatment? Please note that it is not recommended to test patient samples while the patient is on treatment (or less than 1 week of treatment).

3. Is this patient a suspect BCG dissemination case?

4. How many samples have been collected on this patient? List which ones were smear positive. Please note: Most test protocols recommend that only smear positive samples should be tested by nucleic acid detection.

Please note that request forms incompletely filled will be returned to sender for completion.

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.



REQUEST FORM FOR *MYCOBACTERIUM TUBERCULOSIS* COMPLEX DETECTION FROM DIRECT PATIENT SAMPLES

National Reference Centre for Mycobacteriology
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6038 / (204) 789-2036
Email: nml.NRCM-Inm.CNRM@phac-aspc.gc.ca

5. Has this sample been processed? What is the volume of the processed/unprocessed sample that will be forwarded to NRCM lab?

6. Why is TB-PCR required on this sample? Please give justification and other relevant clinical history as provided by patient's physician-in-charge.

7. a) For DNA submissions: *Please provide the method used to obtain the DNA (in detail).*

b) For decontaminated samples: *Please provide decontamination protocol, amount of original sample processed as well as any other test results available.*

8. Other relevant information:

9. Name and contact information of the physician completing this form:

Please note that request forms incompletely filled will be returned to sender for completion.

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.