



REQUISITION FOR THE NATIONAL REFERENCE CENTRE FOR MYCOBACTERIOLOGY

National Reference Centre for Mycobacteriology

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

SENDER INFORMATION

LAB SUPERVISOR NAME: _____

LAB NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

SPECIMEN INFORMATION

SPECIMEN REF #: _____

DATE SUBMITTED (YYYY-MM-DD): _____

SPECIMEN PREVIOUSLY SUBMITTED YES NO

IF YES, PREVIOUS NRCM SPECIMEN #: _____

DATE OF BIRTH (YEAR ONLY): _____

SEX M F

CLINICAL HISTORY:

TRAVEL HISTORY:

SOURCE OF SPECIMEN:

SPECIMEN INFORMATION

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

MICROSCOPY/ AFB
SMEAR RESULT: _____

MORPHOLOGY AND
PIGMENTATION: _____

GROWTH RATE AND
TEMPERATURE: _____

LIQUID, SOLID OR
CLINICAL SPECIMEN _____

Identification (if possible):

ID RESULT: _____

METHOD USED: _____

TEST REQUESTED

Check applicable test:

URGENT TEST REQUEST (JUSTIFICATION REQUIRED)

Identification and Detection

MTBC DIFFERENTIATION

M. LEPRAE DETECTION

MTBC DETECTION

NTM IDENTIFICATION

AEROBIC ACTINOMYCETES IDENTIFICATION

OTHER (JUSTIFICATION BELOW)

SPECIFY: _____

Susceptibility Testing

1ST LINE ANTIMICROBIAL (IREP) FOR MTBC

2ND LINE ANTIMICROBIAL FOR MTBC

NTM MICROBROTH DILUTION PANEL

AEROBIC ACTINOMYCETES MICROBROTH DILUTION PANEL

OTHER (JUSTIFICATION BELOW)

SPECIFY: _____

Genotyping

MIRU-VNTR

OTHER (JUSTIFICATION BELOW)

SPECIFY: _____

JUSTIFICATION AND COMMENTS

SUPERVISOR SIGNATURE: _____

**Please note that requisitions incompletely filled
will be returned to sender for completion.**