

**SENDER INFORMATION**

INSTITUTION NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Protected B when complete

**REQUISITION FOR TESTING GONORRHEA-POSITIVE NUCLEIC ACID AMPLIFICATION TEST SPECIMENS (NAATs)**

**Streptococcus and STI Section**  
 Bacterial Pathogens, AMR, and Wastewater Division  
 National Microbiology Laboratory  
 1015 Arlington Street, Winnipeg, MB, R3E 3R2  
 Telephone: 204-784-7501 Fax: 204-789-2140

Submitting Lab No.	Epi/Lab Identifier*	City	Collection Date (YYYY-MM-DD)	Date of Birth (YYYY-MM-DD)	Age	Sex <sup>1</sup> (M/F/T)	Isolation Site	Specimen Type <sup>2</sup> (Urine, Swab, etc.)	NAAT Type (APTIMA, Roche, etc.)	NML USE ONLY (NML #)

COMMENTS AND ADDITIONAL INFORMATION

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Please submit one GC culture per case unless related to a treatment failure investigation.

\*New Brunswick Senders: Epi/Lab Identifier is equivalent to "Specimen No."

<sup>1</sup> M- male; F-female; T-transgender <sup>2</sup> Neat urine and pharyngeal swabs are not recommended

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.

August 2025

NML USE ONLY	DATE & TIME	BY
RECEIVED		
DATA VERIFIED		