SENDER INFORMATION

INSTITUTION NAME: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

Public Health Agency of Canada | Agence de la santé publique du Canada

Canada

Protected B when complete

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

Invasive Bacterial Diseases Section
Vaccine Preventable Diseases
Science Directorate
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB, R3E 3R2
Telephone: 204-784-7501 Fax: 204-789-2140
Email: nml.ibac-lnm.baci@phac-aspc.gc.ca

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

COMMENTS AND ADDITIONAL INFORMATION

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."

[1] M- male; F-female; T-transgender [2] Neat urine and pharyngeal swabs are not recommended

NML USE ONLY	DATE & TIME	BY
RECEIVED		
DATA VERIFIED		

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.

June 2026