



REQUISITION FOR *STREPTOCOCCUS PNEUMONIAE* MOLECULAR DETECTION AND SEROTYPING BY PCR

Streptococcus and STI Section
Bacterial Pathogens, AMR, and Wastewater Division
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB, R3E 3R2
Telephone: 204-784-5995 Fax: 204-789-2140

SENDER INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____
PROVINCE: _____ POSTAL CODE: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____

SPECIMEN INFORMATION

SPECIMEN REF #: _____
SOURCE OF SPECIMEN*: _____
COLLECTION DATE (YYYY-MM-DD): _____
SPECIMEN TYPE: EXTRACTED DNA
 CSF BLOOD
 FLUID _____ OTHER _____

PATIENT INFORMATION

DATE OF BIRTH (YYYY-MM-DD): _____
SEX M F
CITY: _____

TEST REQUESTED

Select all that apply:
PCR DETECTION DIRECT FROM CLINICAL MATERIAL
 PCR DETECTION OF *STREPTOCOCCUS PNEUMONIAE*
 PCR SEROTYPING OF *STREPTOCOCCUS PNEUMONIAE*¹
CONFIRMED POSITIVE BY: _____
Cp/Ct: _____

COMMENTS