



## SUSCEPTIBILITY TESTING OF BEDAQUILINE, CLOFAZIMINE AND LEVOFLOXACIN FOR MYCOBACTERIUM TUBERCULOSIS ISOLATES

National Reference Centre for Mycobacteriology

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SENDER INFORMATION		ANTIMICROBIALS REQUESTED*					
LAB SUPERVISOR NAME: LAB NAME: ADDRESS:		Check applic Bedaquilin Clofazimin Levofloxad	e	:	These antimicrobials are non-standard and require an appropriate justification prior to testing		
CITY:		JUSTIFICATION AND COMMENTS*					
PROVINCE:	POSTAL CODE:	-					
TELEPHONE:	FAX:	_					
SPECIMEN INFORMATION	I				OUESTED		
SPECIMEN REF #:							
DATE SUBMITTED (YYYY-MM-DD):		- Whole Genome Sequencing					
SPECIMEN PREVIOUSLY SUBMITTED O YES O NO IF YES, PREVIOUS NRCM SPECIMEN #: DATE OF BIRTH (YEAR ONLY):		AST Previously If YES, Method	Perform		•	TS*	
SEX () M () F		1st Line Antimic	robials		2nd Line Antimi	crobials	
CLINICAL HISTORY:		Su	sceptible	Resistant		Susceptible	e Resistant
		Isoniazid Rifampin	0	0	Amikacin Capreomycin	$\bigcirc$	0
TB Treatment History: O YES O NO If YES, year: TRAVEL HISTORY:		Ethambutol Pyrazinamide	00	0	Ethionamide Kanamycin Linezolid Moxifloxacin	00000	00000
		-			Ofloxacin PAS Rifabutin	0 0 0	0000
SPECIMEN INFORMATION	l				Streptomycin	$\bigcirc$	0
DATE OF SUBCULTURE (YYYY-MM-DD): MICROSCOPY/ AFB SMEAR RESULT:		SUPERVISOR SIGNATURE:					
Media Submitted		-					
GeneXpert: RIF S RIF R		Please note that requisitions incompletely filled will be returned to sender for completion.					
Identification (if possible):		If additional testing is required, please include our standard NRCM requisition indicating which tests are requested. *INDICATES REQUIRED INFORMATION					
ID RESULT:							
METHOD USED:							

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. May 2023