



REQUISITION FOR SPECIAL BACTERIOLOGY

Special Bacteriology Unit
Bioforensics Assay Development and Diagnostics
National Microbiology Laboratory
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SENDER INFORMATION ¹

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

¹ Specify in Comment section if report is to be addressed to someone other than Sender.

PATIENT INFORMATION

IDENTIFIER: _____

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

SEX ☐ M ☐ F

CITY: _____

CLINICAL DIAGNOSIS: _____

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

PATIENT AND/OR TRAVEL HISTORY: ²

² Include all relevant information including exposure risk and underlying disease.

SPECIMEN INFORMATION

SPECIMEN REF #: _____

SOURCE OF SPECIMEN: ³ _____

SPECIMEN TYPE:

☐ PURE BACTERIAL CULTURE

☐ DIRECT PATIENT MATERIAL (SPECIFY): _____

COLLECTION DATE (YYYY-MM-DD): _____

³ Clinical or environmental source of sample or isolate (e.g. throat, water, etc.).

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 2025

SPECIMEN INFORMATION

IF SUBMITTING A PURE CULTURE FOR IDENTIFICATION OR TYPING, PLEASE COMPLETE THE FOLLOWING:

GRAM STAIN -SIZE, SHAPE, ARRANGEMENT, CATALASE, OXIDASE: _____

PRELIMINARY IDENTIFICATION: _____

OF TIMES ISOLATED FROM PATIENT: _____

IDENTIFICATION METHOD (EG. 16S, MALDI-TOF): _____

GROWTH CONDITIONS OR SPECIAL REQUIREMENTS (E.G. STRICT ANAEROBE, GROWS BEST AT 30°C): _____

URGENCY

☐ STANDARD TURN AROUND

☐ RESEARCH

FOR URGENT SAMPLES, CONTACT LABORATORY

TEST REQUESTED ⁴

PCR DETECTION FROM DIRECT PATIENT MATERIAL:

☐ *CHLAMYDIA PSITTACI*

☐ *CHLAMYDIA PNEUMONIAE*

☐ *TROPHERYMA WHIPPLEI*

☐ *MYCOPLASMA PNEUMONIAE*

☐ *LEGIONELLA PNEUMOPHILA*

☐ 16S rRNA SEQUENCING

PURE BACTERIAL CULTURE TESTING

☐ BACTERIAL IDENTIFICATION

☐ *BURKHOLDERIA CEPACIA* COMPLEX MULTI-LOCUS SEQUENCE TYPING

☐ *CORYNEBACTERIUM* SPP. DIPHTHERIA TOXIN TESTING

☐ *CORYNEBACTERIUM DIPHTHERIAE* COMPLEX ANTIMICROBIAL SUSCEPTIBILITY REFERENCE TESTING

☐ *LEGIONELLA PNEUMOPHILA* TYPING

⁴ For Specialized Antimicrobial Susceptibility Testing please contact the Laboratory. Samples not accompanied by relevant patient information and clinical history, may be subject to rejection. For current acceptance criteria, refer to the NML Guide to Services.

COMMENTS

Note: Materials received for testing may be submitted to culture collections, or anonymized and used in verification, validation and/or proficiency panels, as well as for publications. Materials may also be submitted to public databases (e.g. NCBI GenBank, PubMLST, etc.).

YOUR RESULTS ATTACHED? ☐ YES ☐ NO # of Attached Pages _____