



REQUISITION FOR ANTIMICROBIAL RESISTANCE AND NOSOCOMIAL INFECTIONS

Antimicrobial Resistance and Nosocomial Infections
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-5000 Fax: (204) 789-5020

SENDER INFORMATION

LAB SUPERVISOR: _____ PROVINCE: _____ POSTAL CODE: _____

LAB NAME: _____ TELEPHONE: _____ FAX: _____

ADDRESS: _____ EMAIL: _____

CITY: _____

SPECIMEN INFORMATION*

SPECIMEN #	ORGANISM IDENTITY	DATE ISOLATED (YYYY-MM-DD)	ISOLATION SITE	PART OF OUTBREAK INVESTIGATION
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

*All specimens must require the same tests as selected below.

TEST(S) REQUESTED ADDITIONAL COMMENTS

PHENOTYPIC TESTS

ANTIMICROBIAL SUSCEPTIBILITY
PLEASE SPECIFY DRUGS: _____

MOLECULAR TYPING

**WGS (OUTBREAK/NOVEL MECHANISMS) SPA TYPING
 C. difficile RIBOTYPING *C. auris* WGS
**** Please contact lab prior to submission**

URGENCY

STANDARD TURN AROUND RESEARCH
 URGENT AFTER HOURS CONTACT _____
ADDITIONAL INFORMATION: _____

PCR TESTS/CONFIRMATION

***CPO/ESBL/AmpC MRSA
 VISA/hVISA VRE
 C. difficile Staph toxins
 K. pneumoniae hypervirulence

REPORTING METHOD

FAX EMAIL
EMAIL ADDRESS: _____

*** If known, please indicate if phenotypic positive

SEPARATE REPORTS REQUIRED FOR EACH SPECIMEN: YES NO

For current acceptance criteria and shipping instructions, refer to the NML Guide to Services (cnphi.canada.ca).

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.