SENDER INFORMATION

LAB NAME: _____

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

CULTURE REQUISITION FOR GONOCOCCAL ANTIMICROBIAL SURVEILLANCE PROGRAM (GASP)-CANADA

Invasive Bacterial Diseases Section
Vaccine Preventable Diseases
Science Directorate
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB, R3E 3R2
Telephone: 204-789-7656 Fax: 204-789-2140
Email:nml.ibac-lnm.baci@phac-aspc.gc.ca

							SUBMITTED LAB RESULTS									
							MIC RESULTS									NML USE ONLY
SUBMITTING LAB #	UNIQUE EPI/LAB IDENTIFIER FOR ESAG[1] ISOLATES ONLY	ESAG[1] (Yes or No)	AGE OR BIRTH DATE (YYYY-MM-DD)	SEX [2] (M/F/T)	ISOLATION SITE (PENIS/URETHRAL, CERVIX, VAGINA, THROAT, PHARYNGEAL, RECTUM, EYE, OTHER)	DATE ISOLATED OR COLLECTED (YYYY-MM-DD)	BETA-LACTAMASE	PENICILLIN	SPECTINOMYCIN	TETRACYCLINE	ERYTHROMYCIN	CEFTRIAXONE	CIPROFLOXACIN	CEFIXIME	AZITHROMYCIN	
		◯ Y ◯ N														
		◯ Y ◯ N														
		◯ Y ◯ N														
		◯ Y ◯ N														
		◯ Y ◯ N														
		◯ Y ◯ N														

COMMENTS AND ADDITIONAL INFORMATION

NML USE ONLY	DATE & TIME	BY
RECEIVED		
DATA VERIFIED		

[1]ESAG: Enhanced Surveillance of Antimicrobial Resistant Gonorrhea. [2] M- male; F-female; T-transgender

*Please contact the laboratory directly for any *N. gonorrhoeae* linked to a LEGAL CASE. Please submit one GC culture per case unless related to a treatment failure investigation.

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