

SENDER INFORMATION

CONTACT NAME: ¹ _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Protected B when complete

CULTURE SUBMISSION REQUISITION FOR STREPTOCOCCUS

Invasive Bacterial Diseases Section
Vaccine Preventable Diseases
Science Directorate

National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB, R3E 3R2
Telephone: 204-789-7658 Fax: 204-789-2140
Email: nml.ibac-lnm.baci@phac-aspc.gc.ca

CULTURE INFORMATION ²

SUBMITTING LAB #	PRIORITY/ OUTBREAK	EPI-LAB LINKAGE INFO	ISOLATION SITE/ SOURCE SITE			SEX (M/F)	AGE OR BIRTH DATE (YYYY-MM-DD)	DATE ISOLATED OR COLLECTED (YYYY-MM-DD)	SUBMITTED ORGANISM					NML USE ONLY
			BLOOD	CSF	OTHER ⁴				<i>S. pneumoniae</i>	<i>S. pyogenes</i> (GAS)	<i>S. agalactiae</i> (GBS)	OTHER ORGANISM ³	SUBMITTED PRELIMINARY LAB RESULT	
COMMENTS AND ADDITIONAL INFORMATION									NML USE ONLY		DATE & TIME		BY	
									RECEIVED					
									DATA VERIFIED					

¹ Name to provide test results. ² 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.

³ These isolates will be screened for *S. pyogenes* and *S. pneumoniae*, if negative they will be forwarded to the Special Bacteriology Laboratory, NML for further characterization. ALL invasive (blood, CSF, other sterile sites) isolates and/or typing results of *Streptococcus pneumoniae* and *Streptococcus pyogenes* (Group A Strep) should be submitted to the NML for surveillance purposes.

⁴ Please do not submit duplicate isolates or isolates from non-sterile sites (sputum, middle ear fluid, etc) unless associated with an outbreak investigation or special clinical significance.