



REQUISITION FOR THE DIVISION OF ENTERIC DISEASES

DIVISION OF ENTERIC DISEASES
National Microbiology Laboratory
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SENDER INFORMATION

NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE:

FAX:

EDP USE ONLY	DATE AND TIME	BY
RECEIVED		
DELIVERED TO UNIT		

SUBMITTING LAB #			
SUSPECTED ORGANISM			
PATIENT DATE OF BIRTH (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
AGE AND GENDER	_____ <input type="radio"/> M <input type="radio"/> F	_____ <input type="radio"/> M <input type="radio"/> F	_____ <input type="radio"/> M <input type="radio"/> F
SOURCE	<input type="radio"/> HUMAN <input type="radio"/> OTHER (SPECIFY): _____	<input type="radio"/> HUMAN <input type="radio"/> OTHER (SPECIFY): _____	<input type="radio"/> HUMAN <input type="radio"/> OTHER (SPECIFY): _____
ISOLATION SITE: STOOL, URINE, BLOOD, OTHER*			
ISOLATION OR COLLECTION DATE (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
PATIENT SYMPTOMS (IF AVAILABLE)			
TEST(S) REQUESTED (CHECK APPLICABLE TESTS)	<input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> SEROTYPING <input type="checkbox"/> IN SILICO (ECTYPER/SISTR) <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> TOXIN DETECTION <input type="checkbox"/> GENOMIC SUBTYPING <input type="checkbox"/> OTHER* (SPECIFY): _____	<input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> SEROTYPING <input type="checkbox"/> IN SILICO (ECTYPER/SISTR) <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> TOXIN DETECTION <input type="checkbox"/> GENOMIC SUBTYPING <input type="checkbox"/> OTHER* (SPECIFY): _____	<input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> SEROTYPING <input type="checkbox"/> IN SILICO (ECTYPER/SISTR) <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> TOXIN DETECTION <input type="checkbox"/> GENOMIC SUBTYPING <input type="checkbox"/> OTHER* (SPECIFY): _____
EDP USE ONLY			

TRAVEL INFORMATION FOR ANY RELEVANT SAMPLES OR ASSOCIATION WITH KNOWN OR SUSPECTED OUTBREAK:

*COMMENTS AND ADDITIONAL INFORMATION