Public Health Agency of Canada | Agence de la santé publique du Canada

Canada

Protected B when complete

PARASITE GENOMICS UNIT REQUISITION

PARASITE GENOMICS UNIT
National Microbiology Laboratory
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Telephone: (519) 826-2620 Fax: (519) 822-3300
Email: nml.pgu-lnm.ugp@phac-aspc.gc.ca

SENDER INFORMATION

NAME:

ADDRESS:

CITY:

PROVINCE: POSTAL CODE:

TELEPHONE: FAX:

NML USE ONLY	DATE AND TIME RECEIVED	BY

SUBMITTING LAB #			
SUSPECTED ORGANISM	◯ CRYPTOSPORIDIUM ◯ CYCLOSPORA	◯ CRYPTOSPORIDIUM ◯ CYCLOSPORA	◯ CRYPTOSPORIDIUM ◯ CYCLOSPORA
PATIENT DATE OF BIRTH (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
AGE AND GENDER	_____ ◯ M ◯ F ◯ X	_____ ◯ M ◯ F ◯ X	_____ ◯ M ◯ F ◯ X
SOURCE	◯ HUMAN ◯ OTHER (SPECIFY): _____	◯ HUMAN ◯ OTHER (SPECIFY): _____	◯ HUMAN ◯ OTHER (SPECIFY): _____
SAMPLE TYPE	◯ STOOL ☐ CARY-BLAIR ☐ ENTERIC TRANSPORT MEDIA ◯ FECAL SWAB ◯ OTHER (SPECIFIY): _____	◯ STOOL ☐ CARY-BLAIR ☐ ENTERIC TRANSPORT MEDIA ◯ FECAL SWAB ◯ OTHER (SPECIFIY): _____	◯ STOOL ☐ CARY-BLAIR ☐ ENTERIC TRANSPORT MEDIA ◯ FECAL SWAB ◯ OTHER (SPECIFIY): _____
COLLECTION DATE (YYYY-MM-DD)	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
PATIENT SYMPTOMS (IF AVAILABLE)			
TEST(S) REQUESTED (CHECK APPLICABLE TESTS)	☐ IDENTIFICATION ☐ GENOMIC SUBTYPING ☐ OTHER* (SPECIFY): _____	☐ IDENTIFICATION ☐ GENOMIC SUBTYPING ☐ OTHER* (SPECIFY): _____	☐ IDENTIFICATION ☐ GENOMIC SUBTYPING ☐ OTHER* (SPECIFY): _____
TRANSPORT CONDITIONS	◯ ROOM TEMP ◯ WET ICE ◯ DRY ICE	◯ ROOM TEMP ◯ WET ICE ◯ DRY ICE	◯ ROOM TEMP ◯ WET ICE ◯ DRY ICE
NML USE ONLY			

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

***COMMENTS AND ADDITIONAL INFORMATION**

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.