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REQUISITION FOR *H. DUCREYI* AND ANTIMICROBIAL RESISTANCE IN *M. GENITALIUM*

Streptococcus and STI Section
Bacterial Pathogens, AMR, and Wastewater Division
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB, R3E 3R2
Telephone: 204-789-5995 Fax: 204-789-2140
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SENDER INFORMATION

NAME:

ADDRESS:

CITY:

PROVINCE: POSTAL CODE:

TELEPHONE: FAX:

EMAIL:

PATIENT INFORMATION

DATE OF BIRTH (YYYY-MM-DD):

SEX ◯ Male ◯ Female ◯ Gender Diverse

CITY:

CLINICAL DIAGNOSIS:

DATE OF ONSET(YYYY-MM-DD):

PATIENT HISTORY†:

TRAVEL HISTORY:

†Include all relevant clinical history including underlying disease.

SPECIMEN INFORMATION

SPECIMEN REF #:

SOURCE OF SPECIMEN*:

NML # (INTERNAL USE):

COLLECTION DATE (YYYY-MM-DD):

SPECIMEN TYPE:

SPECIMEN CONDITION:

SPECIAL HANDLING REQUIRED ◯ YES ◯ No

NUMBER OF REPEAT COLLECTIONS:

*Clinical or environmental source of sample or isolate (eg. throat, water, etc.).

TEST REQUESTED [1]

Select all that apply:

PCR DETECTION DIRECT FROM CLINICAL MATERIAL

☐ *HAEMOPHILUS DUCREYI*

PCR DETECTION OF ANTIMICROBIAL RESISTANCE

☐ *MYCOPLASMA GENITALIUM*

[1]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.

COMMENTS

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.

July 2024