



# 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: 204-784-5995 Fax: 204-789-2140

## 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<sup>†</sup>:

TRAVEL HISTORY:

<sup>†</sup>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 <sup>1</sup>

Select all that apply:

### PCR DETECTION DIRECT FROM CLINICAL MATERIAL

*HAEMOPHILUS DUCREYI*

### PCR DETECTION OF ANTIMICROBIAL RESISTANCE

*MYCOPLASMA GENITALIUM*

<sup>1</sup>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