

**SENDER INFORMATION**

LAB NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada



Protected B when complete

**CULTURE REQUISITION FOR GONOCOCCAL  
ANTIMICROBIAL SURVEILLANCE PROGRAM (GASP)-  
CANADA**

**Streptococcus and STI Section**  
Bacterial Pathogens, AMR, and Wastewater Division  
National Microbiology Laboratory  
1015 Arlington Street, Winnipeg, MB, R3E 3R2  
Telephone: 204-789-7656 Fax: 204-789-2140

SUBMITTING LAB #	UNIQUE EPI/LAB IDENTIFIER FOR ESAG <sup>1</sup> ISOLATES ONLY	ESAG <sup>1</sup> (Yes or No)	AGE OR BIRTH DATE (YYYY-MM-DD)	SEX <sup>2</sup> (M/F/T)	ISOLATION SITE (PENIS/URETHRAL, CERVIX, VAGINA, THROAT, PHARYNGEAL, RECTUM, EYE, OTHER)	DATE ISOLATED OR COLLECTED (YYYY-MM-DD)	SUBMITTED LAB RESULTS								NML USE ONLY
							MIC RESULTS								
							BETA-LACTAMASE	PENICILLIN	SPECTINOMYCIN	TETRACYCLINE	ERYTHROMYCIN	CEFTRIAZONE	CIPROFLOXACIN	CEFIXIME	
		○ Y ○ N													
		○ Y ○ N													
		○ Y ○ N													
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		○ Y ○ N													
		○ Y ○ N													

COMMENTS AND ADDITIONAL INFORMATION

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NML USE ONLY	DATE & TIME	BY
RECEIVED		
DATA VERIFIED		

<sup>1</sup>ESAG: Enhanced Surveillance of Antimicrobial Resistant Gonorrhoea. <sup>2</sup> M- male; F-female; T-transgender

\*Please contact the laboratory directly for any *N. gonorrhoeae* linked to a LEGAL CASE. Please submit one GC culture per case unless related to a treatment failure investigation.

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.