

SENDER INFORMATION

LAB NAME: _____

EMAIL: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

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Public Health
Agency of Canada

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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 ¹ ISOLATES ONLY	ESAG ¹ (Yes or No)	AGE OR BIRTH DATE (YYYY-MM-DD)	SEX ² (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	
		<input type="radio"/> Y <input type="radio"/> N													
		<input type="radio"/> Y <input type="radio"/> N													
		<input type="radio"/> Y <input type="radio"/> N													
		<input type="radio"/> Y <input type="radio"/> N													
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		<input type="radio"/> Y <input type="radio"/> N													

COMMENTS AND ADDITIONAL INFORMATION

NML USE ONLY	DATE & TIME	BY
RECEIVED		
DATA VERIFIED		

¹ESAG: Enhanced Surveillance of Antimicrobial Resistant Gonorrhoea. ² 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.