SENDER INFORMATION

CONTACT NAME: [1] _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

CULTURE INFORMATION [2]

SUBMITTING LAB #	PRIORITY/ OUTBREAK	EPI-LAB LINKAGE INFO	ISOLATION SITE/ SOURCE SITE			SEX (M/F)	AGE OR BIRTH DATE (YYYY-MM-DD)	DATE ISOLATED OR COLLECTED (YYYY-MM-DD)	SUBMITTED ORGANISM					NML USE ONLY
			BLOOD	CSF	OTHER [4]				*S. pneumoniae*	*S. pyogenes* (GAS)	*S. agalactiae* (GBS)	OTHER ORGANISM [3]	SUBMITTED PRELIMINARY LAB RESULT	

COMMENTS AND ADDITIONAL INFORMATION	NML USE ONLY	DATE & TIME	BY
	RECEIVED		
	DATA VERIFIED		

[1] Name to provide test results. [2] 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.

[3] These isolates will be screened for *S. pyogenes* and *S. pneumoniae*, if negative they will be forwarded to the Special Bacteriology Laboratory, NML for further characterization. ALL invasive (blood, CSF, other sterile sites) isolates and/or typing results of *Streptococcus pneumoniae* and *Streptococcus pyogenes* (Group A Strep) should be submitted to the NML for surveillance purposes.

[4] Please do not submit duplicate isolates or isolates from non-sterile sites (sputum, middle ear fluid, etc) unless associated with an outbreak investigation or special clinical significance.

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