

Reference Organism and Surveillance Requisition

 Complete and forward request to appropriate **Provincial Laboratory for Public Health:**
 Edmonton Site: 8440-112 St T6G 2J2
 Phone: 780.407.7121 Fax: 780.407.3864

 Calgary Site: 3030 Hospital Dr NW T2N 4W4
 Phone: 403.944.1200 Fax: 403.270.2216

Requestor	Submitting Lab Name		Submitting Lab Address			
			City/Town	Province	Postal Code	Phone Number
Patient	PHN		Alternate Identifier		Date of Birth (yyyy-Mon-dd)	
	Last Name		First Name		Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address		City/Town	Prov	Postal Code	Location
Collection	Date (yyyy-Mon-dd)	Time (24 hr)	Location		Collector ID	
Date Submitted (yyyy-Mon-dd)		Specimen Source			Submitting Lab Specimen Number	
Clinical Diagnosis			Travel History			
Non-enteric Organism		Enteric Organism			Submitting Laboratory Information	
<input type="checkbox"/> Identification for unknown organism <input type="checkbox"/> Antibiotic Susceptibility specify antibiotics _____ <input type="checkbox"/> CPO confirmation Organism _____ <input type="checkbox"/> Anaerobe M RFANA <input type="checkbox"/> Listeria M RFOTH <input type="checkbox"/> Diphtheria Toxin Testing M RFOTH <input type="checkbox"/> Fungus/Yeast M RFFUNG <input type="checkbox"/> Mycobacteria M RFAFB <input type="checkbox"/> Neisseria gonorrhoeae M RFGC <input type="checkbox"/> Nocardia M RFNOC <input type="checkbox"/> Other Test Request (specify) _____ <input type="checkbox"/> VRE Confirmation M RFOTH		<input type="checkbox"/> Identification <input type="checkbox"/> Surveillance <input type="checkbox"/> Susceptibility M RFOTH <input type="checkbox"/> Campylobacter M RFCAMPY <input type="checkbox"/> Campylobacter FOODNET M RFSTORE (FOODNET#FD-14-1) <input type="checkbox"/> E.coli O157 M RFEC <input type="checkbox"/> Salmonella species M RFSALM <input type="checkbox"/> Salmonella Typhi M RFSALM <input type="checkbox"/> Shigella M RFSHIG <input type="checkbox"/> Query Shigella/E. coli M RFENT <input type="checkbox"/> ShigaToxin positive E.coli M RFEC (Non-O157) <input type="checkbox"/> Vibrio M RFVIBRIO <input type="checkbox"/> Enteric Other (specify) M RFENT <input type="checkbox"/> Aeromonas <input type="checkbox"/> Yersinia <input type="checkbox"/> Plesiomonas <input type="checkbox"/> Other _____			Suspected ID Gram Stain Growth Conditions O ₂ CO ₂ ANA Biochemicals Oxidase Catalase	
MRSA Surveillance		Serotyping/Serogrouping/Surveillance			VMS ID:	
<input type="checkbox"/> MRSA Spa Typing MRSA Spa Typing <input type="checkbox"/> 1st Clinical isolate (every 12 months) <input type="checkbox"/> Blood isolate (every 14 days) <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> LTCF		<input type="checkbox"/> Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY) <input type="checkbox"/> Group A Streptococcus M SEROGAS <input type="checkbox"/> Group B Streptococcus M SEROGBS <input type="checkbox"/> Streptococcus pneumoniae M SEROSPNE <input type="checkbox"/> Haemophilus influenzae M SEROHAEM			Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:	
Laboratory Use Only						