



**Accession #** *(lab only)*

**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

<b>Requestor</b>	Submitting Lab Name		Submitting Lab Address				
			City/Town	Province	Postal Code	Phone Number	
<b>Patient</b>	PHN		Alternate Identifier		Date of Birth <i>(yyyy-Mon-dd)</i>		
	Last Name		First Name		Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	Address		City/Town	Prov	Postal Code	Location	
<b>Collection</b>	Date <i>(yyyy-Mon-dd)</i>		Time <i>(24 hr)</i>		Location	Collector ID	
Date Submitted <i>(yyyy-Mon-dd)</i>			Specimen Source		Submitting Lab Specimen Number		
Clinical Diagnosis				Travel History			
<b>Non-enteric Organism</b>			<b>Enteric Organism</b>			<b>Submitting Laboratory Information</b>	
<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 <i>(specify)</i> _____ <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 (Non-O157) M RFEC <input type="checkbox"/> Vibrio M RFVIBRIO <input type="checkbox"/> Enteric Other <i>(specify)</i> 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 <sub>2</sub> CO <sub>2</sub> ANA  Biochemicals Oxidase Catalase	
<b>MRSA Surveillance</b>			<b>Serotyping/Serogrouping/Surveillance</b>			VMS ID:  Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:	
<input type="checkbox"/> MRSA Spa Typing MRSA Spa Typing <input type="checkbox"/> 1st Clinical isolate <i>(every 12 months)</i> <input type="checkbox"/> Blood isolate <i>(every 14 days)</i> <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				
Laboratory Use Only							