

# Reference Organism and Surveillance Requisition

Complete and forward request to appropriate  
**Provincial Laboratory for Public Health:**  
 Edmonton Site Phone: 780.407.7121 Fax: 780.407.3864  
 Calgary Site: Phone: 403.944.1200 Fax: 403.270.2216

Scanning Label or Accession # (lab only)

<b>Patient</b>	PHN _____	Expiry: _____	Date of Birth (dd-Mon-yyyy)		
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town	Prov	Postal Code
<b>Provider(s)</b>	Authorizing Provider Name (last, first, middle)		Copy to Name (last, first, middle)	Copy to Name (last, first, middle)	
	Address		Phone	Address	
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	
	Clinic Name		Clinic Name	Clinic Name	
<b>Collection</b>	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID	
	Date Submitted (yyyy-Mon-dd)	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 (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 (Non-O157) M RFEC <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 <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 (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			
<b>Laboratory Use Only</b>					