

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

Gastrointestinal Disease Outbreak Requisition

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	DOB (DD/MMM/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME	
ADDRESS	CITY	POSTAL CODE

DATE RECEIVED

**PHSA LABORATORIES
USE ONLY**

OUTBREAK ID

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery	ADDITIONAL COPIES TO: (Address / MSC#) 1. 2. 3.
<input type="checkbox"/> I do not require a copy of the report	
CLINIC OR HOSPITAL Name and address of report delivery	
PHSA CLIENT NO.	

Section 3 - Outbreak Information

OUTBREAK IDENTIFICATION: _____ Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009), as per instructions on page 2 of the <i>GI Outbreak Notification Form</i>
SUSPECTED ETIOLOGICAL AGENT: _____

Section 4 - Test Information

<p>TEST REQUESTED</p> <p><input type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial)</p> <p><input type="checkbox"/> Ova & Parasitic Test (use SAF vial)</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>SIGNS / SYMPTOMS</p> <p><input type="checkbox"/> Diarrhea: <input type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Abdominal cramps</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p>SAMPLE TYPE</p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Vomitus</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>ADDITIONAL INFORMATION</p> <p><input type="checkbox"/> Initial sample <input type="checkbox"/> Follow-up sample</p> <p><input type="checkbox"/> Food handler <input type="checkbox"/> Staff member</p> <p><input type="checkbox"/> Recent travel, specify: _____</p> <p><input type="checkbox"/> Current antibiotics, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p>

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at www.phsa.ca/bccdcpublichealthlab

INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION

- Label vial with patient name before collecting sample.
- Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
- Use a **dry** sterile vial and fill up to the line indicated.
- Replace and tighten cap.
- Place vial in the biohazard bag and completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimens.
- Ova and Parasite Testing: Fill **red-capped vial** (with SAF) with 2-3 spoonfuls of feces to the line indicated and mix well. **Red-capped vial (with SAF) is not a suitable specimen for Viral/Bacterial Outbreak Test.**
- Return to Health Unit or BCCDC Public Health Microbiology & Reference Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
- Keep specimens at 10°-20°C for immediate (same day) delivery, otherwise, refrigerate at 4°C before transport with ice pack.
- Do not freeze sample.

For information on sample collection, please call Environmental Microbiology Lab at (604) 707-2611

Form DCFP_102_1001F2 Version 1.0 09/2009

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