

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

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.	

SAMPLE REF. NO.
DATE COLLECTED (DD/MMM/YYYY)
TIME COLLECTED (HH:MM)

Section 3 - Test(s) Requested

<p style="text-align: center;">SAMPLE TYPE</p> <p><input type="checkbox"/> Sputum</p> <p><input type="checkbox"/> Bronchial wash</p> <p><input type="checkbox"/> Tissue, specify source: _____</p> <p><input type="checkbox"/> Body fluid, specify source: _____</p> <p><input type="checkbox"/> Gastric wash (buffered)</p> <p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Feces (Clinical history is mandatory)</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p style="text-align: center;">INTER-LABORATORY SAMPLES</p> <p><input type="checkbox"/> Smear-positive sample for TB Nucleic Acid Testing</p> <p><input type="checkbox"/> Acid-fast smear result: _____ Specify source: _____</p> <p><input type="checkbox"/> <i>Mycobacterium</i> isolate for identification Specify source: _____</p> <p><input type="checkbox"/> Other*: _____</p> <p style="text-align: center;">*Consultation required, please call Program Head at (604) 707-2616</p>
<p style="text-align: center;">EXPOSURE / TREATMENT HISTORY</p> <p><input type="checkbox"/> Exposure to active TB case</p> <p><input type="checkbox"/> Exposure to MDR or XDR-TB Specify country of exposure: _____</p> <p><input type="checkbox"/> Member of high risk group Specify: _____</p> <p><input type="checkbox"/> Positive TB skin test or interferon-gamma release assay</p> <p><input type="checkbox"/> Currently on TB chemotherapy</p>	<p style="text-align: center;">CLINICAL HISTORY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

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