



## Section 1 - Patient Information

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

DATE RECEIVED

**LABORATORY  
USE ONLY**

OUTBREAK ID

SAMPLE REF. NO.

**DATE COLLECTED**  
 (DD/MMM/YYYY)

**TIME COLLECTED**  
 (HH:MM)

## Section 2 - Healthcare Provider Information

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

## Section 3 - Test(s) Requested

<p><b>SAMPLES FOR AFB SMEAR AND MYCOBACTERIUM CULTURE</b></p> <p>INDICATE SAMPLE TYPE</p> <p><input type="checkbox"/> Sputum</p> <p><input type="checkbox"/> Induced 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 (please use only pre-made buffered glass jars from BCCDC)</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 sample, specify: _____</p> <p>Special Test Requests*: _____</p> <p>*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033</p>	<p><b>INTER-LABORATORY SAMPLES</b></p> <p>SAMPLES FOR MYCOBACTERIUM NUCLEIC ACID TESTING</p> <p>Has sample been digested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has sample been concentrated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Acid-fast smear result: _____</p> <p>Molecular result: _____</p> <p>Specify source: _____</p> <p>CULTURES OF MYCOBACTERIUM</p> <p>Date culture became positive: _____</p> <p>Specify source: _____</p> <p>Special Test Requests*: _____</p> <p>*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033</p>
<p><b>EXPOSURE / TREATMENT HISTORY</b></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><b>CLINICAL HISTORY</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

For other available tests and additional information, consult the Public Health Laboratory's *eLab Handbook* at  
<http://www.elabhandbook.info/PHSA/Default.aspx>



## Provincial Health Services Authority

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Better health.