



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

LABORATORY 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 - 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 *GI Outbreak Notification Form*

SUSPECTED ETIOLOGICAL AGENT: _____

Section 4 - Test Information

<p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">SAMPLE TYPE</p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Vomitus</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p style="text-align: center;">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 Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx

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 Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
- Keep specimens refrigerated at 4°C. Transport specimens in a cooler with ice pack to the laboratory promptly and within 3 days of collection.
- Do not freeze specimens.

