PHSA Laboratories

Public Health Microbiology & Reference Laboratory

FAX COVER SHEET

TO: **Mycobacteriology/TB Lab** DATE: _____

ORGANIZATION: _____

FAX #: **604-707-2672** _____

PAGES: 2 (INCLUDING THIS COVER SHEET)

CONFIDENTIAL ☑ AS REQUESTED ☑ PER CONVERSATION

URGENT FYI ☐ PER E-MAIL NOTE

COMMENTS:

To request susceptibility testing of non-tuberculous mycobacteria (NTM), please complete the attached form (leave the "Provincial Lab Use Only" portion blank). Also, please provide the following information:

Patient name: _____

PHN: _____ DOB (dd/mmm/yyyy):_____

Species name: *Mycobacterium* _____

Requested by :_____ Phone: _____

We will test the **most recent isolate** unless otherwise indicated.

Once completed and signed, please fax back to:

Mycobacteriology/TB Lab - **Fax: 604-707-2672**

A research and teaching centre affiliated with UBC

BCCDC Public Health Laboratory PHSA
655 West 12th Avenue – **TB LAB** Tel 604 707 2630
Vancouver, British Columbia Fax 604 707 2672
Canada V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Public Health Agency of Canada | Agence de la santé publique du Canada

Canada

REQUEST FOR SUSCEPTIBILITY TESTING OF NONTUBERCULOUS MYCOBACTERIA (NTM)

National Reference Centre for Mycobacteriology
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6038
Fax:(204) 789-2036

FOR PROVINCIAL LAB USE ONLY:

LABORATORY IDENTIFIER: _____

RAPID OR SLOW GROWER: _____

SPECIES (IF AVAILABLE): _____

HAS A PREVIOUS ISOLATE FROM THIS PATIENT BEEN TESTED? IF SO, INDICATE PREVIOUS NRCM NUMBER AND DATE TEST WAS REQUESTED:

Brief Clinical History:

Reason for Request:

Patient's physician: _____

Physician's signature: _____

Patient's physician: Please sign and return the form to the submitting laboratory

Submitting provincial laboratory: Attached to the National Reference Centre for Mycobacteriology requisition form, to the NRCM.

****Requests for NTM microbroth dilution panels WILL NOT be accepted without this form. This form must be signed by the physician treating the patient.

The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests.

July 2013