

**Section 1 - Patient/Provider Information** (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)		ORDERING PRACTITIONER Name and MSC#		LABORATORY USE ONLY
PATIENT SURNAME		Address of report delivery		
PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum [†] [†] If Locum, include name of Practitioner you are covering for		
DOB (DD/MMM/YYYY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)	ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)		
PATIENT ADDRESS		1.		
CITY		2.		
PROVINCE	POSTAL CODE	3.		
				DATE RECEIVED
				OUTBREAK ID
				SAMPLE REF. NO.
				DATE COLLECTED (DD/MMM/YYYY)
				TIME COLLECTED (HH:MM)

Section 2 - 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 3 - Test Information

TEST REQUESTED	SIGNS / SYMPTOMS
<input type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial)	<input type="checkbox"/> Diarrhea: <input type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent
<input type="checkbox"/> Ova & Parasitic Test (use SAF vial)	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Abdominal cramps
SAMPLE TYPE	<input type="checkbox"/> Fever
<input type="checkbox"/> Feces <input type="checkbox"/> Vomitus	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Other, specify: _____	ADDITIONAL INFORMATION
For other available tests and sample collection information, consult the Public Health Laboratory's <i>eLab Handbook</i> at www.elabhandbook.info/PHSA/Default.aspx	<input type="checkbox"/> Initial sample <input type="checkbox"/> Follow-up sample
	<input type="checkbox"/> Food handler <input type="checkbox"/> Staff member
	<input type="checkbox"/> Recent travel, specify: _____
	<input type="checkbox"/> Current antibiotics, specify: _____
	<input type="checkbox"/> Other, specify: _____

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.

