



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Mycobacteriology / TB Requisition

Highlighted fields must be completed

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)		PATIENT ADDRESS		LABORATORY USE ONLY
PATIENT SURNAME				
PATIENT FIRST AND MIDDLE NAME		CITY	PROVINCE	
DOB DD MMM YYYY	SEX M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Unk <input type="checkbox"/>	POSTAL CODE	CONTACT NO. (XXX) XXX-XXXX	
SAMPLE REF. NO.	DATE COLLECTED (DD/MMM/YYYY) Unk <input type="checkbox"/>	TIME COLLECTED (HH:MM) Unk <input type="checkbox"/>		
ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)			ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Limit of 3 copies available) (Name, Address / MSP# / PHSA Client#)	
			1. _____	
			2. _____	
			3. _____	
<input type="checkbox"/> I am a Locum (provide name of Practitioner and Clinic to receive report)				

SIGNATURE OF ORDERING PRACTITIONER	DATE SIGNED
---	--------------------

Section 2 - Test(s) Requested

<p>SAMPLES FOR AFB SMEAR AND MYCOBACTERIUM CULTURE</p> <p>INDICATE SAMPLE TYPE</p> <p><input type="checkbox"/> Sputum (+) (Each sputum container should go into its own separate biohazard bag)</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 <input type="checkbox"/> History of HIV infection <input type="checkbox"/> Suspect gastrointestinal TB infection</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>INTER-LABORATORY SAMPLES</p> <p>SAMPLES FOR MYCOBACTERIUM NUCLEIC ACID TESTING</p> <p>Specify source: _____</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>TB molecular result: _____</p> <p>Rifampin molecular result: _____</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>EXPOSURE / TREATMENT HISTORY</p> <p><input type="checkbox"/> Exposure to active TB case</p> <p><input type="checkbox"/> Exposure to drug resistant TB</p> <p>Specify country of exposure: _____</p> <p><input type="checkbox"/> Member of high risk group</p> <p>Specify: _____</p> <p><input type="checkbox"/> Positive TB skin test or interferon-gamma release assay (IGRA)</p> <p><input type="checkbox"/> Currently on TB treatment</p>	<p>CLINICAL HISTORY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	---

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

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

