

**For laboratory use only**

Date received

PHOL No.

yyyy / mm / dd

## Reference Bacteriology Requisition

<b>1 - Submitter</b>		<b>2 - Patient Information</b>	
<p style="text-align: center;">Courier code</p> <p>Provide Return Address:</p> <p style="text-align: center;">Name Address City &amp; Province Postal Code</p>		Health No. / HRN:	
		Date of Birth: yyyy / mm / dd	Sex:
<p>Clinician initial / Surname and OHIP / CPSO Number:</p>		Last Name: (per health card)	First Name: (per health card)
		Address:	
<p>Tel: _____ Fax: _____</p>		City: _____	Postal code: _____
<b>3 - Test(s) Requested</b>		<p>Submitter lab no. (if applicable):</p>	
<p>identification      confirmation      antimicrobial susceptibility</p> <p>typing - (specify):</p> <p>other - (specify):</p>		<p>Public Health Unit Investigation/Outbreak No.:</p>	
<b>4 - Culture Information</b>		<b>6 - Date of Collection of primary specimen:</b>	
<p>Presumptive identification:</p> <p>Gram morphology:</p> <p>aerobe                  anaerobe                  microaerophile</p> <p>fermenter                  oxidizer</p> <p>oxidase:      pos.      neg.                  MacConkey:</p> <p>catalase:      pos.      neg.                  growth      no growth</p>		<p>Date: yyyy / mm / dd</p>	
<b>5 - Clinical diagnosis:</b>		<b>7 - Source of isolation (MANDATORY INFORMATION)</b>	
		<p><b>Blood</b>      Number of sets ordered:</p> <p style="padding-left: 40px;">1 positive set within 24 hours</p> <p style="padding-left: 40px;">≥ 2 positive sets or more within 24 hours</p>	
		<p><b>Urine</b>      Midstream                  Indwelling Catheter</p> <p style="padding-left: 40px;">Cystoscopy                  Other:</p>	
		<p><b>Wound</b> - (please specify site and type)</p>	
		<p><b>Surveillance / screen sites</b></p> <p><b>Other - (please specify):</b></p>	
<b>8 - Epidemiological information</b>		<p>Recent travel                  Outbreak</p>	
<b>9 - Person to contact</b> (please print name)		<p>First name:</p>	
		<p>Last name:</p>	
		<p>Telephone no./ext.:</p>	

**Please Note:** This form is available at [publichealthontario.ca/requisitions](http://publichealthontario.ca/requisitions)

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(iii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1004, version 001.1 (August 2024)