

16S rRNA Gene PCR Testing Intake Form

Completion of this form is **mandatory** for 16S rRNA gene PCR requests and it does not replace the need for a [General Test Requisition](#). Submit both forms when sending the initial request. If your test request has been cancelled for lack of intake form, fax this completed form to PHO's laboratory testing section at 416-235-6550.

★ All fields in this form are mandatory to complete. Failure to provide all required information may result in test delay or rejection.

Only sterile body fluids and tissues are acceptable for testing. For more information, refer to the Test Directory at publichealthontario.ca/testdirectory

Patient Information

Health Card No.:	Date of Birth (yyyy-mm-dd):
Last Name (per health card):	PHO's Laboratory Specimen ID (if available):
First Name (per health card):	Specimen Collection Date: (yyyy-mm-dd):

Clinical Information

1. Specimen Type:

2. Have cultures been performed?	Yes	No	If yes, specify:	Positive	Negative		
3. Direct Gram stain results if done:	Bacteria:	Yes	No	If yes, specify:	Gram +	Gram -	
					Bacilli	Cocci	Coccobacilli
	Polymorphs:	Yes	No				
	Other (Specify):						

4. Have any other molecular testing been performed?	Yes	No	If yes:	Test(s) performed:
				Test results:

5. Provide clinical information / patient symptoms:

6. Did patient recently receive antibiotics 7–10 days prior to or at specimen collection?	Yes	No	If yes, name antibiotics:
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