Reference Bacteriology Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each isolate submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before submitting the isolate.

Submitter / Health Care Provider (HCP) Information

Licence No.: Lab / Hospital or Facility Name:

HCP Full Name:

Address:

City: Postal Code: Province:

Tel: Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: Other Lab / Health Unit / Facility Name:

HCP Full Name:

Address:

City: Postal Code: Province:

Tel: Fax:

Isolate Information

If suspecting a risk group 3 organism, notify PHO before submission.

Presumptive identification (Specify):

Identified by: MALDI Biochemicals Molecular Microscopy

Other (Specify):

Staining Reaction: Acid-fast Gram(+) Morphology (Optional):

Partial Acid-fast Gram(-)

Glucose:

Fermenter Neither

Oxidizer

Respiration:

Aerobe / Facultative Anaerobe

Strict Anaerobe Microaerophilic

Catalase:

Positive

Negative

Oxidase:

Positive

Negative

MacConkey:

LF NLF

No Growth

Relevant Travel(s)

None / Not Applicable Most Recent Date (yyyy-mm-dd):

Details:

Patient Information

Health Card No.:

Date of Birth (yyyy-mm-dd): Medical Record No.:

Sex: Male Female Trans woman Trans man

Last Name:

First Name:

Address: Postal Code:

City: Tel:

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ **Date Collected** (yyyy-mm-dd)**:** **Submitter Lab No.:**

Source of Isolation (Mandatory)

Blood culture: Number of positive sets: 1 ≥ 2

Time to positivity: <24 h ≥ 24h

Urine: Midstream Indwelling Catheter Cystoscopy

Other (Specify):

Faeces

Wound (Specify site and type):

Surveillance / Screen sites **(Specify):**

Other (Specify):

Test(s) Requested

Species Identification Resistance Gene / Enzyme Identification Genotyping / Serotyping

Routine Antimicrobial Susceptibility Testing

Non-Routine Drugs (Specify):

Other (Specify):

Clinical Diagnosis

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 002 (November 2026).

Ontario

A Guide to Complete the Reference Bacteriology Requisition

ALL sections of the form must be completed legibly for each specimen submitted, or testing may be delayed or cancelled.

The use of pre-populated fields is not recommended as the fields may be outdated or erroneously used for other patients. If pre-populated requisitions are used, make sure that all the fields are still applicable and current.

For all other Public Health Ontario (PHO) tests requests, follow the guidelines outlined on the appropriate Test Information Sheet: www.publichealthontario.ca/TIS.

Submitter / Health Care Provider Information

1. The ordering health care provider must be authorized to order laboratory tests in Ontario as per the Laboratory and Specimen Collection Licensing Act O. Reg. 45 s. 18.
2. Fill all ordering health care provider information accurately for the test to be approved and results to be transmitted to the correct provider.
3. **HCP Full Name field:** laboratories and hospitals should provide the Laboratory Director as the submitter, or in medical clinics with rotating health care providers, include the name of the attending health care provider.
4. **Licence No. field:** fill with the OHIP billing number, CPSO number, or other regulated health care professions' college registration number.
5. **Copy To field:** in addition to the primary submitter, if a copy of the results need to be shared with another provider, complete the additional fields. If submitting from hospitals, include the name of the ordering HCP.

Isolate Information

Notify PHO before submitting any suspected risk group 3 isolates.

1. **Presumptive identification:** Enter the presumptive genus and species of the isolate, as identified by your laboratory. Specify additional information, if applicable.
2. **Identified by:** Select the method used for presumptive identification. If Other is selected, specify the method.
3. **Staining Reaction:** Select the applicable staining reaction. Provide a morphology description, if applicable.
4. **Glucose:** If tested, select **Fermenter**, **Oxidizer**, or **Neither**.
5. **Respiration**: Select **Aerobe / Facultative Anaerobe**, **Strict Anaerobe**, or **Microaerophilic**, as applicable.
6. **Catalase:** If tested, select **Positive** or **Negative**.
7. **Oxidase:** If tested, select **Positive** or **Negative**.
8. **MacConkey:** If applicable, select **LF** for a lactose-fermenting isolate, **NLF** for a non-lactose-fermenting isolate, or **No Growth** if the isolate did not grow on MacConkey agar.

Relevant Travel(s)

1. Some tests may not be approved unless exposure or travel information is provided. Refer to the Test Information Sheet: www.publichealthontario.ca/TIS for requirements.
2. Indicate if the patient has no travel history by selecting the **None/Not Applicable** checkbox.
3. If the patient has a relevant travel history, provide the **Most Recent Date** of travel and under **Details**, specify the country or place of travel.

Patient Information

1. Fill all patient information accurately for the test to be approved and results to be assigned to the correct patient.
2. The patient identifiers on the specimen container must be identical to those on the requisition, or testing will be cancelled.
3. When a result is positive for a disease of public health significance, a report will be issued to the health unit where the patient resides as per the Health Protection and Promotion Act O. Reg. 569 s. 3. If the patient has no address listed, the report will be issued to the health unit where the ordering provider is located.
4. **Health Card No. field:** Do not leave blank. Instead, write "not available" if unknown.
5. **Investigation/Outbreak No. field:** if a number was assigned to the patient encounter by PHO or a health unit for the purpose of investigations, fill and make sure the number is accurate and current.

Specimen Information

1. **Date Collected field:** the star (★) is a visual reminder to fill this field, as this field is often missed by submitters. This is the date the submitted isolate's primary specimen or source of isolation was collected.
2. **Submitter Lab No. field:** Provide the isolate's accession number.

Test(s) Requested

Select the test(s) required for the isolate to be submitted.

1. **Species Identification:** To confirm an isolate's identification.
2. **Resistance Gene / Enzyme Identification:** To confirm resistance genes/resistance enzymes expressed by an isolate, then specify under "Other" the resistance gene(s) or enzyme(s) (e.g., mecA, vanA/vanB, NDM, KPC, ESBL).
3. **Routine Antimicrobial Susceptibility Testing:** To request susceptibility testing for routine drugs for the isolate based on its identification and published guidelines. Refer to www.publichealthontario.ca/TIS to determine whether an additional requisition or intake form is required for the requested test.
4. **Non-Routine Drugs:** To request specific or additional drugs for susceptibility testing not routinely tested for the isolate.
5. **Other (Specify):** Specify other tests or supporting information for the test requested.

Clinical Diagnosis

Provide the clinical or suspected diagnosis relevant to the isolate and testing requested.

Technical Considerations

1. When integrating the Reference Bacteriology Requisition within the electronic medical record systems, please ensure that the overall layout stays the same, scale text (font size) automatically, and remove any options that 'scroll long text'.

Public Health Ontario

Customer Service Centre

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Toll Free: 1-877-604-4567
Email: customerservicecentre@oahpp.ca
Website: www.publichealthontario.ca

Ontario