

Reference Bacteriology Requisition

1 - Clinician / Referring Laboratory

Agency ID	Courier Code
Provide Return Address:	
Name Address City & Province Postal Code	
Clinician ID	
Tel:	Fax:

Date received yyyy / mm / dd	PHOL No.
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2 - Patient Information

Health No. / HRN	Sex	Date of Birth: yyyy / mm / dd
Patient's Last Name (per OHIP card)		First Name (per OHIP card)
Patient Address _____ _____ _____		
Sender's Lab No.		
Public Health Unit Outbreak No.		

3 - Test(s) Requested

identification confirmation typing
 antimicrobial susceptibility
 other - (specify) _____

5 - Clinical /epidemiological information

Source of isolation: _____

Clinical diagnosis: _____

sporadic case outbreak nosocomial infection
 recent travel
 other - (specify) _____

4 - Culture Information

Presumptive identification: _____
 Gram morphology: _____

aerobe anaerobe microaerophile
 fermenter oxidizer

oxidase pos catalase pos MacConkey growth
 neg neg No growth

6 - Person to contact (please print name)

Telephone no. / ext. ()

Laboratory Result For laboratory use only

further report to follow

Date reported: yyyy / mm / dd Checked by: _____ Specimen(s) transferred to: _____ Date transferred: yyyy / mm / dd