



**Section 1 - Patient Information** (Complete if providing clinical sample)

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)	<b>DOB</b> (DD/MMM/YYYY)	<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
<b>PATIENT SURNAME</b>	<b>PATIENT FIRST AND MIDDLE NAME</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>

DATE RECEIVED
<b>LABORATORY USE ONLY</b>
OUTBREAK ID

**Section 2 - Healthcare Provider Information** (Complete for all samples)

<b>ORDERING EHO / CLIENT / PHYSICIAN</b> (Provide MSC#) (Provide full address and telephone number)	<b>ADDITIONAL COPIES TO:</b> (Address / MSC#)
<input type="checkbox"/> I do not require a copy of the report	1. _____
<b>CLINIC OR HOSPITAL</b> Name and address of report delivery	2. _____
<b>PHSA CLIENT NO.</b>	3. _____

<b>SAMPLE REF. NO.</b>
<b>DATE COLLECTED</b> (DD/MMM/YYYY)
<b>TIME COLLECTED</b> (HH:MM)

**Section 3 - Location Information**

<b>LOCATION OF INCIDENT / OUTBREAK</b> (Name & Address): _____	<b>SUSPECT MEAL EATEN</b> Date: _____ Time: _____
<b>OUTBREAK ID</b> (If Applicable): _____	
<b>CONFIRMED ETIOLOGICAL AGENT</b> (If Known): _____	

**Section 4 - Test Information**

<b>TEST REQUESTED</b> <input type="checkbox"/> Food Poisoning Investigation <input type="checkbox"/> Botulism* <input type="checkbox"/> Other, specify: _____ <small>*Requests for botulism must be approved by Medical Microbiologist. Please call Environmental Microbiology at (604) 707-2611 or Medical Microbiologist on Call at (604) 661-7033.</small>	<b>SAMPLE TYPE</b> <input type="checkbox"/> Suspect Food (Left-over) <input type="checkbox"/> Suspect Food (Same Batch) <input type="checkbox"/> Environmental Swab <input type="checkbox"/> Feces <input type="checkbox"/> Vomitus <input type="checkbox"/> Blood / Serum <input type="checkbox"/> Other, specify: _____
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<b>FOOD/SWAB SAMPLE INFORMATION</b> Name / Description: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Place of Food/Swab Collection: _____
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**INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION**

**Clinical Sample:**

1. Provide one requisition for each patient sample.
2. Label vial with patient name before collecting sample.
3. Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
4. Use a **dry** sterile vial and fill up to the line indicated.
5. Replace and tighten cap.
6. Place vial in the biohazard bag and completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimens.
7. Return to Health Unit or BCCDC Public Health Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
8. Keep specimens at 10°-20°C for immediate (same day) delivery, otherwise, refrigerate at 4°C before transport with ice pack.
9. Do not freeze sample.

**Food Sample:**

1. If possible, submit food samples in original packaging or use sterile Food Microbiology jar.
2. For very large food items, consult with Environmental Microbiology Laboratory before sub-sampling.
3. Food Poisoning Form Part B - Requisition can be used for up to 5 food samples. Please include an additional requisition if submitting more.
4. Refrigerate at 4 °C then transport with ice pack.
5. Do not freeze sample.