



Section 1 - Patient Information

<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

**LABORATORY USE ONLY**

OUTBREAK ID

Section 2 - Healthcare Provider Information

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

**SAMPLE REF. NO.**

**DATE COLLECTED**  
(DD/MMM/YYYY)

**TIME COLLECTED**  
(HH:MM)

Section 3 - Outbreak Information

**OUTBREAK IDENTIFICATION:** \_\_\_\_\_  
Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009), as per instructions on page 2 of the *GI Outbreak Notification Form*

**SUSPECTED ETIOLOGICAL AGENT:** \_\_\_\_\_

Section 4 - Test Information

<p><b>TEST REQUESTED</b></p> <p><input type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial)</p> <p><input type="checkbox"/> Ova &amp; Parasitic Test (use SAF vial)</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p><b>SIGNS / SYMPTOMS</b></p> <p><input type="checkbox"/> Diarrhea: <input type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Abdominal cramps</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p><b>SAMPLE TYPE</b></p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Vomitus</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p><b>ADDITIONAL INFORMATION</b></p> <p><input type="checkbox"/> Initial sample <input type="checkbox"/> Follow-up sample</p> <p><input type="checkbox"/> Food handler <input type="checkbox"/> Staff member</p> <p><input type="checkbox"/> Recent travel, specify: _____</p> <p><input type="checkbox"/> Current antibiotics, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p>

For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at [www.elabhandbook.info/PHSA/Default.aspx](http://www.elabhandbook.info/PHSA/Default.aspx)

INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION

1. Label vial with patient name before collecting sample.
2. Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
3. Use a **dry** sterile vial and fill up to the line indicated.
4. Replace and tighten cap.
5. 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.
6. Ova and Parasite Testing: Fill **red-capped vial** (with SAF) with 2-3 spoonfuls of feces to the line indicated and mix well. **Red-capped vial (with SAF) is not a suitable specimen for Viral/Bacterial Outbreak Test.**
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 refrigerated at 4°C. Transport specimens in a cooler with ice pack to the laboratory promptly and within 3 days of collection.
9. Do not freeze specimens.

