TB

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Mycobacteriology / TB Requisition

TB

LM LABS

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	**DOB** (DD/MMM/YYYY)	**GENDER** ☐ M ☐ F ☐ UNK
PATIENT SURNAME	**PATIENT FIRST AND MIDDLE NAME**	
ADDRESS	**CITY**	**POSTAL CODE**

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#)
Name and address of report delivery

☐ **I do not require a copy of the report**

CLINIC OR HOSPITAL
Name and address of report delivery

PHSA CLIENT NO.

ADDITIONAL COPIES TO: (Address / MSC#)

1.

2.

3.

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

Section 3 - Test(s) Requested

SAMPLES FOR AFB SMEAR AND MYCOBACTERIUM CULTURE

INDICATE SAMPLE TYPE

- ☐ Sputum
- ☐ Induced Sputum
- ☐ Bronchial wash
- ☐ Tissue, specify source: _____
- ☐ Body fluid, specify source: _____
- ☐ Gastric wash (please use only pre-made buffered glass jars from BCCDC)
- ☐ Urine
- ☐ Blood
- ☐ Feces (Clinical history is mandatory)
- ☐ Other sample, specify: _____

Special Test Requests*: _____

*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033

INTER-LABORATORY SAMPLES

SAMPLES FOR MYCOBACTERIUM NUCLEIC ACID TESTING

Has sample been digested? ☐ Yes ☐ No

Has sample been concentrated? ☐ Yes ☐ No

Acid-fast smear result: _____

Molecular result: _____

Specify source: _____

CULTURES OF MYCOBACTERIUM

Date culture became positive: _____

Specify source: _____

Special Test Requests*: _____

*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033

EXPOSURE / TREATMENT HISTORY

- ☐ Exposure to active TB case
- ☐ Exposure to MDR or XDR-TB
  - Specify country of exposure: _____
- ☐ Member of high risk group
  - Specify: _____
- ☐ Positive TB skin test or interferon-gamma release assay
- ☐ Currently on TB chemotherapy

CLINICAL HISTORY

_____

_____

_____

_____

_____

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

For information on sample collection, please call Mycobacteriology / TB Lab at (604) 707-2630

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Province-wide solutions. Better health.