


Supplies

*Public Health Laboratories
Ontario Agency for Health Protection and Promotion*

November 2009

Supplies

Requisition for Specimen Containers and Supplies



Ontario
Agency for Health
Protection and Promotion

Public Health Laboratories

**Requisition for
Specimen Containers and Supplies**

*Note: - Please order specimen containers from the nearest Public Health Laboratory listed at the back of this form.
- Outlets are designed for specific clinical specimens and may contain media or preservatives.
They should be used within a reasonable period of time.
Please consult the Laboratory Director or Section Head regarding proper use.*

Requisitioner's name: _____
 Telephone No. (_____) (_____) (_____) Fax No. (_____) (_____) (_____)
 Date: _____ Authorized signature: _____
 This is (Please Check name, Address and Postal Code) _____

(Item#)	Kits (catalogue)	Quantity	Bulk Supplies	Quantity
Chlamydia Trachomatis & Neisseria gonorrhoeae	Ureth swab kit Urine collection kit Vaginal swab kit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Biohazard Bags - Clinical Specimens (8pk/50pk) Multiple Submission Form (Enzyme Culture)	8pk/50pk 10/50/75
DP	Direct Fluorescence		Test Requisition (Form # 1723-1-1) Bacterial Analysis of Food	1-2/100
Enteric Outbreak Kit	3 vials (Enteric Bacteriology, Virus Culture and Parasitology)		Test Requisition (Form # 37-1-1) Bacterial Analysis of Water (Please Check - single sample)	1-4/100
GL	Gauche Leauge - M. tuberculosis		Test Requisition (Form # 432-1-1) Bacterial Analysis of Water (Official Agency - multiple sample)	1-4/175
PARA	Ferret - Rodent Parasitology		Test Requisition (Form # 431-1-1) Bacterial Analysis of Water (Official Agency - single sample)	1-4/100
TB / CD	Caliche / soon studies, Sputum body / fluids and tissues (20ml Sterile Container)		Test Requisition (Form # 183-1-1) Environmental Sample	1-4/100
VIRUS-4	HIV / AIDS		Test Requisition (Form # 1310-1-1) HIV	1-4/100
VIRUS CULTURE (tissue)	Multi-Organism Transport Medium		General Test Requisition (Form # 87-1-1) PHL	1-4/100
Water	Private Clean Water - bacteriological		General Test Requisition (Form # 87-1-1) PHL - Continuous term	1-4/100
PWD kit	Private Ona Kit		Test Requisition (Form # 173-1-1) Preval	1-4/10
(Item#)	Kits - 1 play/B	Quantity		
BL-5	Blood diluted Serology - Syphilis / Virus / Other		Test Requisition (Form # 39-1-1) Reference Serology	1-4/100
BP	Bordetella pertussis (whooping cough)		Vacutainer Tubes (SST) (1 per Top)	1-4/100
CHL(C)	Chlamydia trachomatis culture (Multi-organism Transport Medium) Female - Male		Water Peniles - 250ml - Sterile (Official Agency Use Only)	1-4/100
MP/CP - Reap	Mycoplasma pneumoniae / Chlamydia pneumoniae / Rickettsia		Other	Quantity
F	Fungus Dermatology			
GC	Neisseria gonorrhoeae culture			
MP	Genital Mycoplasma/Chlamydia culture (Multi-organism Transport Medium)			
PHEN/ANT/CLONING	Rubella, Spindle, HepA, HIV			
Virus-Culture	Swab in transport medium (Multi Media)			
Virus-Respiatory	Respiatory swab in transport medium (Multi Media)			
Virus-Enteric	Virus cultivation/ microscopy/PCR & direct antigen testing			

Date order received (YYYYMMDD) _____ Order filed by _____ Date order shipped (YYYYMMDD) _____

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List of Kits and Components

Kit Name	Description	Kit #
Kits for Single Specimens		
CT/GC	<i>C. trachomatis</i> and <i>N.gonorrhoeae</i> Nucleic Acid Amplification - Swab Gen-Probe APTIMA Unisex Swab Collection Kit Gen-Probe APTIMA Urine Collection Kit Package of 50 collection kits per box	
DF	Direct Fluorescence Examination for <i>T. pallidum</i> 2 glass slides requisition instructions	N-0047
Enteric Outbreak Kit	Instructions 3 vials: – White-capped vial – Virus and toxin studies – Virology – Yellow-capped vial – SAF – Parasitology – Green-capped vial – Cary-Blair / Enteric Transport Medium – Enteric Bacteriology	N-0036
Faeces	Enteric Bacteriology Cary-Blair vial (30 mL vial) / Enteric Transport Medium requisition with instructions	N-0049
GL	Gastric Lavage for <i>M. tuberculosis</i> 90 mL container with sodium carbonate (acid neutralizer) requisition	N-0043
PARA	Faeces for Routine Parasitology 3 SAF fixative vials (90 mL) 3 requisition with instructions 3 biohazard bags Para Test Instruction Sheet	N-0033

Kit Name	Description	Kit #
Kits for Single Specimens		
TB/CD	TB Sputum, tissue, body fluid for culture of <i>M. tuberculosis</i>	N-0042
	<i>C. difficile</i> analysis or toxin studies	
	90 mL sterile container requisition	
Virus H	Virus H (Human Immunodeficiency Virus 1 & 2) vacutainer (SST) (tiger top) requisition	N-0041
Virus Culture (Tissue)	Virus Culture (Tissue) 60 mL container with multi-organism transport media 10 mL wooden spoon requisition with instructions	N-0075
Water	Water-Private Citizen (Bacteriology) plastic bottle requisition with instructions	N-0040
PWO	PWO Pinworm Ova	Use Commercial Kit.

Kit Name	Description	Kit #
Kits Containing Supplies for 6 Specimens		
BL-S	General, Viral, and Syphilis Serology 6 vacutainers (tiger top) 6 requisitions 6 biohazard bags	N-0044
BP	PCR test for <i>Bordetella pertussis</i> 6 vials with transport media 6 nasopharyngeal wire swabs 6 requisitions with instructions 6 biohazard bags (Needs to be kept cold)	N-0052
BP Culture	<i>Bordetella pertussis</i> for culture	available upon request
CHL (C)	Chlamydia trachomatis Culture 6 vials with multi-organism transport media with swabs 6 biohazard bags 6 requisitions with instructions	N-0083 Female ♀ N-0084 Male ♂
MP/CP - Resp	<i>Mycoplasma pneumoniae</i> / <i>Chlamydophila pneumoniae</i> 6 vials with multi-organism transport media with nasopharyngeal swabs 6 biohazard bags 6 requisitions with instructions	N-0085
F	Fungus Dermatophytes 6 biohazard bags 6 Colour Cast Box Wrap (black paper on both sides) 6 requisitions with instructions	N-0048
GC	<i>Neisseria gonorrhoeae</i> including slide examination for <i>Trichomonas</i>, Yeast, and Bacterial Vaginosis 6 swabs with charcoal transport media 6 slides with wooden shafted swabs 6 requisitions with instructions 6 biohazard bags	N-0051

Kit Name	Description	Kit #
Kits Containing Supplies for 6 Specimens		
MP	Genital Mycoplasma / Ureaplasma Culture 6 vial with multi-organism transport media with swabs (urethral/nasopharyngeal) 6 requisition with instructions	N-0064
Prenatal	Prenatal (Hepatitis, Rubella, Syphilis, and HIV serology) 6 vacutainers (tiger top) 6 requisitions	N-0050
Virus Culture	6 multi-organism transport media tubes with sterile swabs 6 biohazard bags 6 requisitions with instructions	N-0081
Virus Respiratory	Virus Respiratory (also used for respiratory outbreaks) Culture and Direct Antigen testing for nasopharyngeal swabs 6 multi-organism transport media tubes with nasopharyngeal swabs (NP swabs) 6 biohazard bags 6 requisitions with instructions	N-0082
Virus-Enteric	Virus-Enteric 60 mL sterile container wooden stick requisition with instructions	N-0087

Kit Instruction Sheets*Bordetella pertussis****Bordetella pertussis* Kits (6 Packs)**


This supply pack contains materials sufficient for six nasopharyngeal swabs for testing of *Bordetella pertussis* (Nasopharyngeal aspirates are also acceptable specimens).

Instructions

1. Follow procedure on reverse of this form to collect material by nasopharyngeal swab.
2. Place swab in special pertussis transport media.
3. Cut excess wire with sterile scissors and cap vial tightly.
4. Complete requisition form with physician and patient information and label specimen.
5. Request Bordetella testing (code B 10).
6. Use sealable bag to transport specimen to the laboratory:
 - place transport medium in sealable section
 - seal bag by removing blue strip to reveal adhesive
 - place requisition in outer pocket.

STORAGE - The transport media supplied can be stored at room temperature with stated expiry date - **DO NOT USE EXPIRED KITS.**

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

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F-SD-KI-001-001

Rev. June, 2009



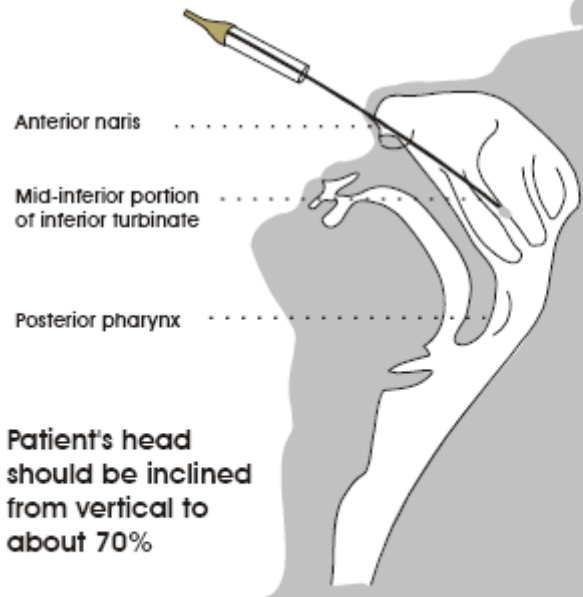
NASOPHARYNGEAL SPECIMEN COLLECTION



Ontario

Agency for Health Protection and Promotion

Nasopharyngeal swab method for *Bordetella pertussis*



The laboratory needs high levels of organism to culture successfully for *Bordetella pertussis*.

A properly taken nasopharyngeal swab will yield high levels of organism.

1. Insert flexible nasopharyngeal swab into one nostril.
2. Press the swab tip on the mucosal surface of the mid-inferior turbinate.
3. Rub swab back and forth about 5 times.
4. Leave swab in place for a few seconds to absorb material.
5. Withdraw swab and insert into transport medium.
6. Break swab shaft at score line.

N. B. Rule of thumb to determine when swab is placed properly: insert swab to one-half the distance from the tip of the nose to the tip of the earlobe.

Kit Instruction Sheets*Chlamydia trachomatis* Culture - Female***Chlamydia trachomatis* Culture Kits – Female (6 Packs)**


Instructions for the use of the Starswab™ Multitrans™ System Kit for the collection and transportation of clinical specimens for *Chlamydia trachomatis* culture.

The *Chlamydia trachomatis* – FEMALE kit consists of: 6 vials of transport media with large swabs, 6 biohazard bags and 6 Public Health Laboratory Requisitions.

1. Open the pouched seal pack and aseptically remove the sterile swab from the package - **DO NOT USE EXPIRED KITS.**
2. Collect the specimen from the site involved as soon as possible following the onset of symptoms.
3. Aseptically remove cap from vial and insert swab in medium.
4. Break swab shaft evenly at the scored line and replace cap to vial closing tightly.
5. Label the specimen tube with two patient identifiers (e.g. name and date of birth).
6. Place specimen in the biohazard bag and seal bag.
7. Complete the PHL requisition including the PHL test code, source of specimen, date of onset and collection, two patient identifiers, physician name, address and clinical diagnosis. Insert the completed requisition in the pocket on the outside of the biohazard bag.
8. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice to the laboratory for processing within 48 hours of collection.

STORAGE - Kits can be stored at room temperature until use "**DO NOT USE EXPIRED KITS**"

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

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F-SD-KI-003-001

Rev. June, 2009

Chlamydia trachomatis Culture Kits (6 Packs)



1. Collect the specimen from the site involved as early as possible following the onset of symptoms.
Suitable specimens for the detection of *Chlamydia trachomatis* include;

Specimen	Site
Cervix	<ul style="list-style-type: none"> - Wipe cervix prior to collection to remove WBC and mucous. - Insert a sterile large tipped swab into the endocervix, rotate and remove, discard this swab. - Insert swab (included in the Starswab™ Multitrans™ System Kit) into the endocervical os to collect cells from transitional zone, rotate vigorously in firm contact with cervical surface to facilitate the collection of columnar epithelial cells.
Urethra	<ul style="list-style-type: none"> - Patient should not have urinated within one hour of collection. - Insert the sterile fine tipped wire swab 2-4cm into the male urethra or 1 cm into the female urethra, hold in place for 5 secs. - Rotate the swab several times to obtain columnar epithelial cells.
Nasopharyngeal and Throat	<ul style="list-style-type: none"> - Insert the sterile fine tipped wire swab gently into one or both anterior nares to the posterior pharynx, rotate to collect mucous membrane cells. Swab posterior pharynx vigorously with regular swab.
Eyes	<ul style="list-style-type: none"> - Gently swab the lower conjunctiva with the fine tipped wire swab collecting patient mucous membrane cells.
Rectal	<ul style="list-style-type: none"> - Collect cells from mucosal surface by inserting the regular swab 1cm past the anal sphincter, rotate in firm contact with the mucosal surface.

Rev. June, 2009

Kit Instruction Sheets*Chlamydia trachomatis* Culture - Male***Chlamydia trachomatis* Culture Kits – Male (6 Packs)**

Instructions for the use of the Starswab™ Multitrans™ System Kit for the collection and transportation of clinical specimens for *Chlamydia trachomatis* culture.

The *Chlamydia trachomatis* - MALE kit consists of: 6 vials of transport media, 6 urethral swabs, 6 biohazard bags and 6 Public Health Laboratory Requisitions.

1. Open the pouched seal pack and aseptically remove the sterile urethral swab from the package - **DO NOT USE EXPIRED KITS.**
2. Collect the specimen from the site involved as soon as possible following the onset of symptoms.
3. Aseptically remove cap from vial and insert swab in medium.
4. Break swab shaft evenly at the scored line and replace cap to vial closing tightly.
5. Label the specimen tube with two patient identifiers (e.g. name and date of birth).
6. Place specimen in the biohazard bag and seal bag.
7. Complete the PHL requisition including the PHL test code, source of specimen, date of onset and collection, two patient identifiers, physician name, address and clinical diagnosis. Insert the completed requisition in the pocket on the outside of the biohazard bag.
8. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice to the laboratory for processing within 48 hours of collection.

STORAGE - The Multitrans transport media can be stored at room temperature. The shelf life of the transport media is 1 year from the date of manufacture, expiry date on collection container.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

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F-SD-KI-004-001

Rev. June, 2009

Chlamydia trachomatis Culture Kits (6 Packs)



1. Collect the specimen from the site involved as early as possible following the onset of symptoms. Suitable specimens for the detection of *Chlamydia trachomatis* include;

Specimen	Site
Urethra	<ul style="list-style-type: none"> - Patient should not have urinated within one hour of collection. - Insert the sterile fine tipped wire swab 2-4cm into the male urethra or 1 cm into the female urethra, hold in place for 5 secs. - Rotate the swab several times to obtain columnar epithelial cells.
Nasopharyngeal and Throat	<ul style="list-style-type: none"> - Insert the sterile fine tipped wire swab gently into one or both anterior nares to the posterior pharynx, rotate to collect mucous membrane cells. Swab posterior pharynx vigorously with regular swab.
Eyes	<ul style="list-style-type: none"> - Gently swab the lower conjunctiva with the fine tipped wire swab collecting patient mucous membrane cells.
Rectal	<ul style="list-style-type: none"> - Collect cells from mucosal surface by inserting the regular swab 1cm past the anal sphincter, rotate in firm contact with the mucosal surface. - Insert swab approximately 3-4 cm into anal canal, or 1-4 cm beyond edge of microscope

Rev. June, 2009

Kit Instruction Sheets*Clostridium difficile****Clostridium difficile* Kit**

Instructions for the use of the CD kit for the collection and transportation of clinical specimens for *Clostridium difficile*.

The CD kit consists of: one 90 mL sterile container, one wooden stick, one biohazard bag, and a public health laboratory General Test Requisition.

SPECIMEN COLLECTION

1. Open the biohazard bag and remove the sterile container.
2. Collect specimen directly into container, or transfer from bedpan or plastic wrap stretched over toilet bowl using wooden stick. Specimen should be 3 - 5 mL of diarrhoeal stool. Dry or formed stool is unacceptable. Multiple specimens should be collected at least one day apart.
3. Recap the specimen container tightly.
4. Label specimen container with patient's full name and a second unique identifier (e.g. accession number, date of birth, Health No.).
Note: Specimens received not including the patient's full name and a second identifier will not be processed by the laboratory.
5. Place the specimen in the biohazard bag and seal the bag.
6. Complete the enclosed test requisition including the patient's full name, date of birth, Health No., PHL test code B03 or test requested, specimen type and site, date collected, and clinical diagnosis/symptoms/onset date. The clinician name, telephone number and complete return address of the health card submitter must also be provided.
7. Insert the completed test requisition in the pocket on the outside of the biohazard bag. Do not place the test requisition inside the bag with the specimen.

STORAGE and TRANSPORT - Transport collected specimen to the Laboratory as soon as possible. If unable to transport same day, store under refrigeration until it can be transported. Specimens should be transported within 3 days; otherwise, specimen must be frozen and shipped on ice.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-005-001

Rev. June, 2009

Kit Instruction Sheets

Enteric Outbreaks

Enteric Outbreak Kit



Instructions for the collection and transportation of clinical specimens for faeces cultures.

Obtain supplies, complete requisitions and label specimen vials


1. Remove the appropriate specimen collection vial(s) from the biohazard bag. Do not use expired kits.
2. Complete an "Enteric Disease Investigation Multiple Specimen Submission Form OR public health laboratory General Test Requisition". Include the outbreak number which is assigned by the local health unit.
3. On the main kit label located on the biohazard bag, fill in the required information with a ballpoint pen (press firmly). Peel this label off of the bag and place this label on the completed submission form in the area marked;
 - "Label" of the "Enteric Disease Investigation Multiple Specimen Submission Form".

OR

 - If a public health laboratory General Test Requisition is used, fill in the required information with a ballpoint pen (press firmly).
4. Record the patient name on each of the vials used. Peel off one of the four corresponding kit numbered labels located on the biohazard bag. Place one label on each vial used.
5. Note: The specimen container is required to have the patient's full name and date of collection or two unique identifiers. The information on the specimen must be the same as the name and other identifier on the test requisition. Unmatched or mismatched specimens will not be processed.

Specimen collection

6. Faeces specimens that have been in contact with water in toilet are unacceptable.
 - a) Infants/Toddlers (not toilet trained) – Collect faeces sample (bowel movement) from soiled diaper or directly from "potty".
 - b) Older Children/Adults – Instruct the patient to defecate into a clean container.

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F-SD-KI-006-001

Rev. June, 2009

**Place specimen in appropriate container**

7. Using the spoon from each vial, select different sites of the faeces specimen, preferably blood, mucus or pus, and transfer to the vials as follows:
 - a) Bacteriology – GREEN-capped vial with red-coloured transport medium. A collecting device (*plastic spoon*) is fitted inside the cap. Add 2-3 spoonfuls of faeces. Mix into transport medium. Replace and tighten cap.
 - b) Parasitology – YELLOW-capped vial with clear liquid preservative and plastic spoon. Add faeces up to the line indicated. Mix well. Replace and tighten cap.
 - c) Virology/Toxin – WHITE-capped vial which is empty with a plastic spoon. Add faeces up to the line indicated. Replace and tighten cap.

Transportation

8. Place all vials in the biohazard bag. Place the completed test requisition in the outside pocket. Do not place the test requisition inside the biohazard bag containing the specimens.
9. Refrigerate specimens immediately. Do not freeze specimens.
10. Send specimens to the local Health Unit or laboratory as soon as possible.

STORAGE - Kits can be stored at room temperature until use. **DO NOT USE EXPIRED KITS.**

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

Rev. June, 2009

Kit Instruction Sheets

Faeces Enteric Bacteriology

Faeces Enteric Bacteriology Kit



Instructions for the use of the FAECES ENTERIC kit for the collection and transportation of clinical specimens for bacterial testing.

The Faeces Enteric kit consists of: one 30mL Cary-Blair vial, one biohazard bag and a public health laboratory General Test Requisition.

SPECIMEN COLLECTION - Faeces specimens that have been in contact with water in toilet are unacceptable.

1. Collect faeces in a dry container or onto paper which can be flushed into toilet.
2. Using the spoon provided, select 2-3 spoonfuls of faeces, touching areas of blood, mucus and pus.
3. Mix into transport media (jelly-like material) and replace cap securely.
4. Label specimen container with patient's full name and a second unique identifier (e.g. accession number, date of birth, Health No.).
Note: Specimens received not including the patient's full name and a second unique identifier will not be processed by the laboratory.
5. Place the specimen in the biohazard bag and seal the bag.
6. Complete the enclosed test requisition including patient's full name, date of birth, Health No., PHL test code for test requested, source of specimen, collection date, and clinical diagnosis/symptoms/onset date.
7. Insert the completed test requisition in the pocket on the outside of the biohazard bag. Do not place the test requisition inside the bag with the specimen.

STORAGE and TRANSPORT - Kits can be stored at room temperature until used. After collection, refrigerate immediately (do not freeze). Transport to the Laboratory as soon as possible. **DO NOT USE EXPIRED KITS.**

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-007-001

Rev. June, 2009

Kit Instruction Sheets

Fungus Culture

Fungus Culture Kits (6 Packs)

Instructions for the use of the Fungus Culture Six-Pack Kit for the collection and transportation of clinical specimens for fungal testing.

This supply pack contains materials sufficient for six skin, hair or nail specimens for culture of such dermatophytic fungi as *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*.

Instructions:

1. Disinfect the area before collection using 70% alcohol. Collect appropriate samples of skin, hair, roots or nails.
2. Do NOT mix specimen types or multiple body sites, e.g. back and foot or nail and skin. Use a separate kit for each.
3. Unfold the black paper and place the specimen inside. Refold the paper as received to ensure that the specimen remains inside the paper.
4. Fill out the required information on the specimen label provided on the black paper, including the collection date.
5. Complete the requisition form, ensuring physician, patient information, specimen type and body site are included.
Note: the physician, and patient information should match the label on the black paper
6. Request code M 03 (Fungus - Superficial - Microscopy & Culture) or indicate suspected disease to be investigated.
7. Use the sealable bag to transport the specimen to the laboratory
 - place black paper in sealable section
 - seal bag by moving blue strip to reveal adhesive
 - place requisition in outer pocket
8. Store at room temperature until transported to laboratory.

STORAGE AND TRANSPORT - Kits can be stored at room temperature until used. After collection, transport to the laboratory as soon as possible. Specimens must be received in the laboratory within 72 hours of collection.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-018-000

Rev. June, 2009

Kit Instruction Sheets

Gastric Lavage

Gastric Lavage Kit



Instructions for the use of the Gastric Lavage Kit for the collection and transportation of clinical specimens for culture for mycobacteria including *M. tuberculosis*.

The Gastric Lavage kit consists of: one sterile container with 0.75 ml of 38% Disodium carbonate (acid neutralizer) plus dye, one biohazard bag and a Public Health Laboratory (PHL) requisition.

1. Open the pouched seal pack and aseptically remove the container from the package. Do not use expired kits.
2. Collect fasting early-morning specimen on 3 consecutive days. Collect in the morning soon after patient awakens in order to obtain sputum swallowed during sleep. Specimen volume should be 20-50ml. Swirl the specimen in the container in order to neutralize the acidity.
3. Replace cap on container closing tightly.
4. Label specimen container with patient's full name and a second unique identifier (e.g. accession number, date of birth, Health Card number). Note: Specimens received without the patient's full name and a second identifier will not be processed by the laboratory.
5. Place specimen in a biohazard bag and seal bag.
6. Complete the requisition sheet including the patients full name, date of birth, address including city and postal code, Health Card number, physician's name, address and phone number, PHL test code T04 or test requested, source of specimen, collection date, and clinical diagnosis/symptoms/onset date. Insert data sheet in the pocket on the outside of the biohazard bag or in a separate envelope. Do not place the requisition inside the bag with the specimen.
7. Submit each specimen in a separate biobag with a separate requisition form.

STORAGE and TRANSPORT - The collection container can be stored at room temperature before use. The expiry date is on the collection container. Transport collected specimen to the laboratory as soon as possible after collection. If transport is delayed more than one hour the specimen must be refrigerated



TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-008-001

Rev. June, 2009

Kit Instruction Sheets

Mycoplasma pneumoniae / *Chlamydia pneumoniae* PCR

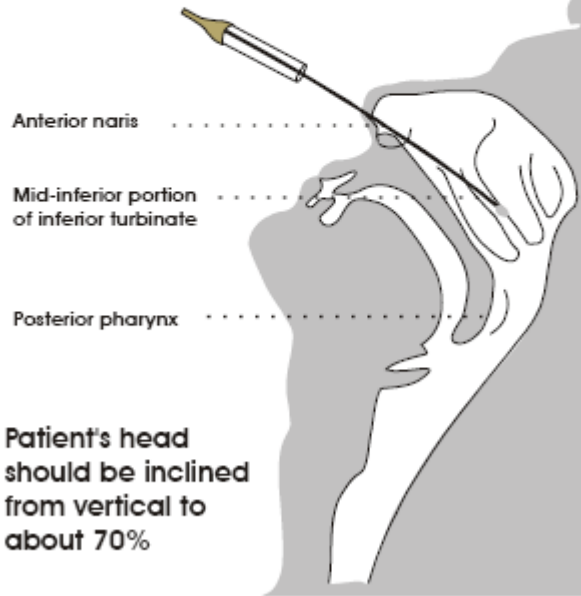
<p><i>Mycoplasma pneumoniae</i> / <i>Chlamydia pneumoniae</i> Kit (6 Packs)</p>	
<p>Instructions for the use of the <u>Starswab™ Multitrans™ System Kit</u> for the collection and transportation of clinical specimens for <i>Mycoplasma pneumoniae</i> / <i>Chlamydia pneumoniae</i> PCR.</p>	
<p>The <i>Mycoplasma pneumoniae</i> / <i>Chlamydia pneumoniae</i> kit consists of: 6 vials of transport media with 6 nasopharyngeal swabs, 6 biohazard bags and 6 Public Health Laboratory Requisitions.</p>	
<ol style="list-style-type: none"> 1. Open the pouched seal pack and aseptically remove the sterile nasopharyngeal swab from the package - DO NOT USE EXPIRED KITS. 2. Collect the specimen from the site involved as soon as possible following the onset of symptoms (see reverse). 3. Aseptically remove cap from vial and insert swab in medium. 4. Break swab shaft evenly at the scored line and replace cap to vial closing tightly. 5. Label the specimen tube with two patient identifiers (e.g. name and date of birth). 6. Place specimen in the biohazard bag and seal bag. 7. Complete the PHL requisition including the PHL test code, source of specimen, date of onset and collection, and clinical diagnosis. Insert the completed requisition in the pocket on the outside of the biohazard bag. 8. To maintain optimum viability, the specimen should be stored and transported at 2-8°C or on wet ice to the laboratory for processing within 48 hours of collection. 	
<p>STORAGE - The Multitrans transport media can be stored at room temperature. The shelf life of the transport media is 1 year from the date of manufacture, expiry date on collection container.</p>	
<p>TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.</p>	
<p> continued on reverse</p>	<p>F-SD-KI-002-001</p>
<p>Rev. June, 2009</p>	



NASOPHARYNGEAL SPECIMEN COLLECTION



Nasopharyngeal swab method for *Mycoplasma pneumoniae*/ *Chlamydia pneumoniae*



The laboratory needs high levels of organism to culture successfully for *Mycoplasma pneumoniae*/*Chlamydia Pneumoniae*.

A properly taken nasopharyngeal swab will yield high levels of organism.

1. Insert flexible nasopharyngeal swab into one nostril.
2. Press the swab tip on the mucosal surface of the mid-inferior turbinate.
3. Rub swab back and forth about 5 times.
4. Leave swab in place for a few seconds to absorb material.
5. Withdraw swab and insert into transport medium.
6. Break swab shaft at score line.

N. B. Rule of thumb to determine when swab is placed properly: insert swab to one-half the distance from the tip of the nose to the tip of the earlobe.

Kit Instruction Sheets*Neisseria gonorrhoeae* Culture***Neisseria gonorrhoeae* Culture Kits (6 Packs)**


Instructions for the collection and transportation of clinical specimens for *Neisseria gonorrhoeae* culture.

The *Neisseria gonorrhoeae* culture kit consists of 6 Amies Charcoal transport media with large swabs for the collection of endocervical or anal specimens, 6 biohazard bags and 6 Public Health Laboratory Requisitions (male urethral swabs not included). If required, the collection kit also includes 6 slides and 6 cotton tipped swabs for preparing slide examinations for the additional detection of *Neisseria gonorrhoeae* from male urethral specimens or the detection of Bacterial Vaginosis, Yeast cells and *Trichomonas vaginalis* from female vaginal specimens.

1. See reverse for collection instructions and **DO NOT USE EXPIRED KITS**.
2. Open the pouched seal pack and aseptically remove the sterile swab from the package.
3. Collect the specimen from the site involved as early as possible following the onset of symptoms.
4. Label the specimen tube with two patient identifiers (e.g. name and date of birth).
5. Place specimen in the biohazard bag and seal bag.
6. Complete the PHL requisition including the PHL test code, source of specimen, date of onset and collection, two patient identifiers, physician name, address and clinical diagnosis. Insert completed requisition in the pocket on the outside of the biohazard bag.
7. To maintain optimum viability, the specimen should be stored and transported at room temperature or incubated at 35 – 37°C and transported to the laboratory as soon as possible for processing.

STORAGE - The Amies Charcoal transport media can be stored at room temperature, expiry date on collection container.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

 continued on reverse

F-SD-KI-010-001

Rev. June, 2009

Collection of specimens for *Neisseria gonorrhoeae* culture



1. URETHRA

- a. Retract the prepuce from glans penis and wipe meatus with sterile gauze.
- b. Digitally "milk" the penile urethra to obtain sufficient exudate.
- c. Use one swab to collect the exudates.
- d. Place this swab in the Amies charcoal transport media.
- e. Use a second swab to collect another sample of secretion.
- f. Make a thin smear by rolling the swab on the microscopic slide and air dry the smear.

2. ENDOCERVIX

- a. The patient should not douche for 24 hours nor use vaginal medication for 48 hours before the specimen is taken.
- b. Moisten speculum with water – do not use any other lubricant.
- c. Insert one swab into the endocervical canal and move from side to side. Allow several seconds for absorption of organisms onto swab.
- d. Place this swab in the Amies charcoal transport medium.
- e. Use a second swab to collect another sample of secretions.
- f. If required, make a thin smear by rolling the swab on the microscopic slide and air dry the smear.

3. ANUS

- a. Insert swab approximately 3-4 cm into anal canal, or 1-4 cm beyond edge of anoscope.
- b. If the swab is stained with faeces, use another swab to obtain specimen.
- c. Move swab from side to side in the anal canal to sample crypts. Allow several seconds for absorption of organisms onto swab.
- d. Place this swab in the Amies charcoal transport medium.

4. PHARYNGEAL

- a. Aseptically remove sterile swab from package
- b. Insert swab via mouth and collect specimen by vigorously swabbing posterior pharynx and tonsillar regions.
- c. Place the swab in Amies charcoal transport medium. Close tightly.

5. EYE


- a. Gently swab area of discharge from eye suspected of infection. Place the swab in Amies charcoal transport medium

After collecting the specimen, it is essential that the swab be placed in the transport medium immediately. The swab shaft should fit completely inside the transport medium vial. Label the specimen tube with two patient identifiers (e.g. name and date of birth) and identify the specimen site. (See reverse for detailed instructions).

Rev. June, 2009

Kit Instruction Sheets

Para

	
<h3>Para Kit</h3> <p>Instructions for the use of the Para Kit.</p>	
<ol style="list-style-type: none"> 1. Do not take any medication (laxatives, anti-diarrheal Drugs) containing mineral oil, barium, bismuth, magnesium, kaolin, antibiotics, etc., for at least five days prior to sample collection, if possible. 2. Collect faeces in a dry, clean container (e.g. Chamber pot, wide-mouth jar). Do not mix with urine or water from toilet bowl. 3. <ol style="list-style-type: none"> a) Check that collection bottle is approximately $\frac{3}{4}$ full of fluid. If level is low or bottle is empty, use a new bottle with proper level of fluid inside. Do not drink the fluid as it is used to preserve the specimen only. b) Immediately after a bowel movement, use the wooden stick included in the kit to add a quantity of faeces to the bottle so that the fluid reaches the top of the label. c) Mix faeces thoroughly with the fluid using the wooden stick. d) Screw lid tightly on bottle. Shake well. 4. Label specimen bottle with patient's full name and a second unique identifier. (e.g. accession number, date of birth, Health Card number). Note: Specimens received not including the patient's full name and a second identifier will not be processed by the laboratory. Also, record the date of collection if you are collecting more than one sample in that period. 5. Ensure the PHL requisition sheet is filled out completely and correctly (on both copies) including: <ol style="list-style-type: none"> a) Your name and address. b) Your Doctor's name and address. c) The date the sample is collected. d) Information on symptoms, travel, initial or repeat examination, anti-parasitic drugs taken, etc. 6. Place bottle inside the biohazard bag and close properly. Place your requisition in the outside pouch of the same bag. If you are collecting more than one sample, do not put all the bottles in one bag to avoid contamination to all due to leakage of one bottle. 7. Repeat procedure 2. to 6. for the collection of the next sample on a different day/time. 8. Return the specimen promptly to the laboratory. The laboratory is to forward the sample to the local Public Health Laboratory for testing. 	
<p>STORAGE and TRANSPORT - Store at room temperature before submission</p>	
<p>TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.</p>	
<p>F-SD-KI-011-001</p>	<p>Rev. June, 2009</p>

Kit Instruction Sheets

Pinworm Ova

Pinworm Ova Kit



The Pinworm Ova Kit is used for the collection and transportation of clinical specimens for the examination of pinworm.

Each kit consists of: one vial with a sticky paddle on the screw cap, one biohazard bag and a Public Health Laboratory (PHL) Requisition.

1. Collect sample first thing in the morning before washing or using toilet.
2. Press sticky surface of paddle against perianal skin with moderate pressure.
3. Return paddle into vial and secure screw cap.
4. Label specimen container with patient's Full Name and a second unique identifier (e.g. accession number, date of birth, Health Card number).
Note: Specimens received without patient's full name and a second identifier will not be processed by the laboratory.
5. Complete enclosed data sheet including patient's full name, date of birth, Health Card number, PHL test code (P02), source of specimen, collection date and clinical diagnosis/symptoms/onset date.
6. Insert data sheet in the pocket on the outside of the biohazard bag. Do not place data sheet inside the bag with specimen.

STORAGE AND TRANSPORT - Kits can be stored at room temperature until used. After collection, specimen should be transported to the Laboratory as soon as possible.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-012-001

Rev. June, 2009

Kit Instruction Sheets

Syphilis by Direct Fluorescence

Syphilis by Direct Fluorescence Collection InstructionsInstructions for Collection ¹

1. Label the frosted edge of the smear side with the patient's name and date of birth.
2. Draw a circle 1 cm² in the center of the slide.
3. Wear gloves and take necessary precautions to avoid accidental infection
4. Remove the superficial layer of the lesion with the aid of sterile gauze.
5. Cleanse the lesion with sterile saline without preservatives. Dry the area. Wipe away any blood, which may collect.
6. Gently press the tissue surrounding the sore, until sufficient serous exudate is available for collection using a 1 mL syringe with needle removed.
7. For smear preparation:
 - Prepare smear by expelling the exudate into the circle.
 - DO NOT spread the exudate more than 1 cm² on pre-drawn circle on the slide.
 - Air dry.
8. Place the dry slide in a slide holder and then into the blue sealable portion of the biohazard bag that is provided. Place completed patient requisition in a separate pouch.
9. Send the specimen to the Central Public Health Laboratory, 81 Resources Road, Etobicoke M9P 3T1
10. Store at 2 - 8° C until ready for shipment. Avoid extreme temperatures.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

¹ Source: Health Canada – 2006 Canadian Guidelines on Sexually Transmitted Infections-Revised edition. Available at http://www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006-eng.php, (accessioned February 6, 2009). Section III, page 2

↩ continued on reverse

F-SD-KI-013-001

Rev. June, 2009

Kit Contents

- 1 Biohazard bag
- 2 glass slides
- 1 slide holder
- 1 PHL Laboratory Test Requisition
- Instruction form for the Collection of Material

Submit 1 slide for examination.

(The extra slide is supplied in case of breakage. Please discard if not required)

Specimens Unsuitable for Testing

- Swabs sent in charcoal or antibiotic transport medium.
- Any condition which affects the integrity of a specimen in regards to readability must be considered (e.g. gross contamination, smear too thick, presence of blood cells etc.).
- Synovial fluid is unacceptable.



Rev. June, 2009

Kit Instruction Sheets

TB

TB Kit



Instructions for the use of the TB kit for the collection and transportation of sputum specimens for Mycobacteria culture including *M. tuberculosis*.

The TB kit consists of: one 90 ml sterile container, one biohazard bag and a Public Health Laboratory (PHL) Requisition.

1. Open the biohazard bag and remove the sterile container.
2. Collect sputum specimens early in the morning, before eating. Do not submit pure saliva or nasal secretions.
3. Collect sputum specimens on 3 consecutive early mornings and submit each to laboratory upon completion. 5 ml sputum is optimal; the patient may expectorate several times.
4. Do not pool the three specimens. Do not have patient rinse mouth with tap water before producing specimen.
5. Replace cap on container closing tightly.
6. Label specimen container with patient's full name and a second unique identifier (e.g. accession number, date of birth, Health Card number). Note: Specimens received without the patient's full name and a second identifier will not be processed by the laboratory.
7. Place specimen container in the biohazard bag and seal bag.
8. Complete the requisition sheet including the patient's full name, address including city and postal code, date of birth, Health Card number, PHL test code T04 or test requested, source of specimen, collection date, physician name, phone number and address, and clinical diagnosis/symptoms and onset date. If the specimen is "Follow-up", "Post Treatment", please note this on the requisition. Insert data sheet in the pocket on the outside of the biohazard bag or in a separate envelope. Do not place data sheet inside bag with the specimen.
9. Place each specimen in a separate biobag and provide one requisition form per specimen.

STORAGE and TRANSPORT - The collection container can be stored at room temperature before use. Transport the specimen to the laboratory as soon as possible after collection. If transport is delayed more than one hour the specimen must be refrigerated.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-014-001

Rev. June, 2009

Kit Instruction Sheets

Urogenital Mycoplasma / Ureaplasma Kit

Urogenital Mycoplasma / Ureaplasma Kit

Instructions for the use of the Starswab™ Multitrans™ System kit for the collection and transportation of clinical specimens for *Mycoplasma pneumoniae* culture and Urogenital Mycoplasma/Ureaplasma culture.

The **Urogenital Mycoplasma / Ureaplasma Kit** consists of 6 vials of transport media with swabs, 6 biohazard bags and 6 Public Health Laboratory Requisitions.

1. Open the pouched seal pack and aseptically remove the sterile swab from the package - **DO NOT USE EXPIRED KITS.**
2. Collect the specimen from the site involved as soon as possible following the onset of symptoms.
3. Aseptically remove cap from vial and insert swab in medium.
4. Break swab shaft evenly at the scored line and replace cap to vial closing tightly.
5. Label the specimen tube with two patient identifiers (e.g. name and date of birth).
6. Place specimen in the biohazard bag and seal bag.
7. Complete the PHL requisition including the PHL test code, source of specimen, two patient identifiers, physician name and address, date of onset and collection, and clinical diagnosis. Insert the completed requisition in the pocket on the outside of the biohazard bag.
8. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice to the laboratory for processing within 48 hours of collection.

STORAGE - The Multitrans transport media can be stored at room temperature. The shelf life of the transport media is 1 year from the date of manufacture, expiry date on collection container.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-009-001

Rev. June, 2009

Kit Instruction Sheets

Virus – Enteric

Virus - Enteric Kit



Instructions for the collection and transport of faecal specimens for virus culture, electron microscopy, PCR and direct antigen testing

1. **DO NOT USE EXPIRED KITS**
2. Collect specimen as early as possible following the onset of symptoms.
3. Label specimen container with patient's full name and date of collection of sample.
(Two identifiers are required on the patient sample, and these must also appear on the requisition sheet)
4. Aseptically remove cap from vial.
5. Faeces specimens that have been in contact with water in toilet are unacceptable.
 - a) Infants/Toddlers (not toilet trained) – Collect faeces sample from soiled diaper or directly from "potty"
 - b) Older Children/Adults – Instruct the patient to defecate into a clean container.
6. Using spoon, place approximately 1-2 grams of patient's faeces into the container.
7. Replace and tighten cap.
8. Place container in the biohazard bag and seal bag. Place the completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimen.
9. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice. Transport to the laboratory for processing within 48 hours of collection.

STORAGE - Store according to manufacturer's instructions located on the specimen collection container.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-015-001

Rev. June, 2009

Kit Instruction Sheets

Virus Culture (Tissue)

Virus Culture Kit (Tissue)

Instructions for the collection and transport for virus culture

Note: This kit is not appropriate for electron microscopy, PCR or direct antigen testing on stool samples
- Use Virus - Enteric Kit (sterile, dry container)

1. DO NOT USE EXPIRED KITS

2. Collect specimen as early as possible following the onset of symptoms.
3. Label specimen container with patient's full name and a second unique identifier (e.g. date of birth, Health Card Number, accession number) (Two identifiers are required on the patient sample, and these must match those on the requisition or the specimen will not be processed).
4. Aseptically remove cap from vial and insert sample into the transport media.
5. Replace and tighten cap.
6. Place container in the biohazard bag and seal bag. Place the completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimen.
7. Place specimen in the biohazard bag and seal bag.
8. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice. Transport to the laboratory for processing within 48 hours of collection.

STORAGE - Store according to manufacturer's instructions located on the specimen collection container.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937
or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-019-000

Rev. June, 2009

Kit Instruction Sheets

Virus Culture

Virus Culture Kits (6 Packs)



Instructions for the use of the **Starswab™ Multitrans™ System Kit** for the collection and transportation of clinical specimens for virus culture and direct antigen testing.

The **Virus Culture** kit consists of the 6 vials of transport media with large swabs, 6 biohazard bags and 6 Public Health Laboratory Requisitions.

1. Open the pouched seal pack and aseptically remove the sterile swab from the package - **DO NOT USE EXPIRED KITS.**
2. Collect the specimen from the site involved as early as possible following the onset of symptoms.
3. Aseptically remove cap from vial and insert swab in medium.
4. Break swab shaft evenly at the scored line and replace cap to vial closing tightly.
5. Label specimen container with patient's full name and date of collection of sample.
(Two identifiers are required on the patient sample, and these must also appear on the requisition sheet)
6. Place specimen in the biohazard bag and seal bag.
7. Complete the enclosed data sheet including the PHL test code, source of specimen, date of onset and collection, and clinical diagnosis.
Insert data sheet in the pocket on the outside of the biohazard bag.
8. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice to the laboratory for processing within 48 hours of collection.

STORAGE - The Multitrans transport media can be stored at room temperature. The shelf life of the transport media is 1 year from the date of manufacture, expiry date on collection container.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

F-SD-KI-016-001

Rev. June, 2009

Kit Instruction Sheets

Virus Respiratory

Virus Respiratory Kits (6 Packs)




Instructions for the use of the Starswab™ Multitrans™ System Kit or UTM media for the collection and transportation of clinical specimens for virus culture and direct antigen testing.

The Virus Respiratory kit consists of: 6 vials of transport media with nasopharyngeal swabs, 6 biohazard bags and 6 Public Health Laboratory Requisitions.

1. Open the pouched seal pack and aseptically remove the sterile swab from the package - **DO NOT USE EXPIRED KITS.**
2. Collect the specimen from the site involved as early as possible following the onset of symptoms. (see reverse)
3. Aseptically remove cap from vial and insert swab in medium.
4. Break swab shaft evenly at the scored line to fit in tube well below the cap and replace cap to vial closing tightly.
5. Label specimen container with patient's full name and date of collection of sample.
(Two identifiers are required on the patient sample, and these must also appear on the requisition sheet)
6. Place specimen in the biohazard bag and seal bag.
7. Complete the enclosed data sheet including the PHL test code, source of specimen, date of onset and collection, and clinical diagnosis.
Insert data sheet in the pocket on the outside of the biohazard bag.
8. To maintain optimum viability, the specimen should be stored and transported at 2 - 8°C or on wet ice to the laboratory for processing within 48 hours of collection.

STORAGE - The transport media can be stored at room temperature. The shelf life of the transport media is 1 year from the date of manufacture, expiry date on collection container.

TO ORDER KITS or INFORMATION: Contact OAHPP order desk, Public Health Laboratory Toronto @ 416-235-5937 or order by fax @ 416-235-5753 or your local Public Health Laboratory.

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F-SD-KI-017-001

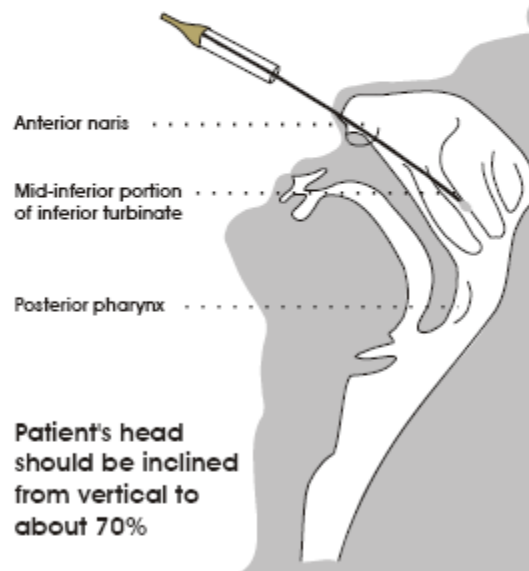
Rev. June, 2009



NASOPHARYNGEAL SPECIMEN COLLECTION



Nasopharyngeal swab method for Respiratory Virus Collection



The laboratory needs high levels of organism to culture successfully for respiratory viruses such as RSV, Influenza A & B or parainfluenza virus.


A properly taken nasopharyngeal swab will yield high levels of organism.

1. Insert flexible nasopharyngeal swab into one nostril.
2. Press the swab tip on the mucosal surface of the mid-inferior turbinate.
3. Rub swab back and forth about 5 times.
4. Leave swab in place for a few seconds to absorb material.
5. Withdraw swab and insert into transport medium.
6. Break swab shaft at score line.

N. B. Rule of thumb to determine when swab is placed properly: insert swab to one-half the distance from the tip of the nose to the tip of the earlobe.

Test Requisitions

HIV Requisition



HIV Serology Test Requisition
For tests other than HIV & HTLV please use the PHL Test Requisition Fully Complete sections 1 through 6

Date received: 2009-09-07 PHL No. _____

1 Patient Information/Addressograph (Please print)

Previous Specimen No. Previous Result Negative Positive Indeterminate

Senders Reference No. _____

Patient Identifier (if needed) _____

Survivor sex (M/F) _____ First Name (per OHIP card) _____

Date of Birth: _____ Sex F M

2 Physician/Referring Laboratory

Dr. V. S. Lakshminarayanaiah
123 West Beaver Creek
Richmond Hill, Ontario L4B 1N2
Phone: (905) 882-1111

3 Exposure Category (check all that apply)

Sex with women If applicable - please indicate:
 sex with men
 needle use (injecting drugs/steroids) 1. Endemic country/region
 has lived in endemic area
 blood transfusion pre 1986
 getting razor pre 1986
 child of HIV+ mother 2. Exposure category of heterosexual partner
 medicals injury BOU endemic area
 heterosexual partner of HIV+ person heterosexual partner of a person household existing lesion
 at risk of HIV needlestick injury other (specify) _____ (special note)

4 Reason for HIV testing (check all that apply)

Diagnostic Prevalent Voluntary/donation measurement
 Overt of blood/tissue/sweat Follow-up Insurance

5 Symptoms

sore
 suspected acute seroconversion (flu-like illness)
 date of onset (if known) 3/20/09
 date of exposure (if known) 1/1/09
 AIDS
 other HIV related disease
 other medical conditions (specify) _____

6 Specimen Details

Collection date of specimen 09-07-09

Type of specimen whole blood serum
 ACB/EDTA CGF

Tests requested: HIV1/AB2 HIV1/AB1/MI

Comments _____

Laboratory Use Only

Specimen priority

Specimen volume

TF

WHOLE CLOTTED BLOOD PREFERRED

Appropriate HIV Serology will be carried out according to the information provided above. Remaining serum sera will be confirmed with supplemental testing and western blot. Additional testing (gold antigen) will be carried out when a patient is suspected of being in the window period or under other specific circumstances.

Complete information is essential for epidemiologic analyses regarding HIV in Ontario. Information is provided by the CCPHL and the method of collection identification is left to your discretion. Code or normal. Anonymous testing is also available at the designated Ontario sites.

The identification on specimen must mirror the identification on the form.

Please print/typing doctor's address and postal code clearly and fully.

CONFIDENTIAL WHEN COMPLETED

Form No. 1210-448 (01/09)

Test Requisitions

Prenatal Screening Requisition

Ontario
Agency for Health Protection and Promotion
Prenatal Screening Requisition
Public Health Laboratories

Date received: _____ OPHL No. _____
YYYY / mm / dd

1 - Submitter

Provider (Business Address): _____
County Code

Name: _____
 Address: _____
 City & Province: _____
 Postal Code: _____

Checklist Name and ID Number: _____
 Tel: _____ Fax: _____

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): _____

Provider Address: _____
 Postal Code: _____

Submitter Lab No. _____

3 - Test(s) Requested

Please check appropriate box(es)

Hepatitis B Surface Antigen
 Rubella
 Syphilis
 HIV

Rubella performed at other laboratory


Two full red top or SST tubes are sufficient for all tests.
 HIV testing can also be ordered separately using the HIV serology requisition.
 For other tests please use the appropriate Public Health Laboratory test requisition and submit a separate specimen.

Laboratory Results

For laboratory use only

1739-44 (11/06)

Test Requisitions
General Test Requisition



Ontario
 Agency for Health Protection and Promotion
 Public Health Laboratories

General Test Requisition
ALL Sections of this Form MUST be Completed

<p>1 - Submitter</p> <p>Provide Return Address:</p> <p>Name _____ Address _____ City & Province _____ Postal Code _____</p> <p>Courier Code _____</p> <p>Clinician Initial / Surname and OHIP / CPSO Number _____</p> <p>Tel: _____ Fax: _____</p>	<p>Date received _____ OPHL No. _____ YYYY / mm / dd</p> <p>2 - Patient Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Health No. _____</td> <td style="width: 10%;">Sex _____</td> <td style="width: 40%;">Date of Birth: _____ YYYY / mm / dd</td> </tr> <tr> <td>Medical Record No. _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Patient's Last Name (per OHIP card) _____</td> <td>First Name (per OHIP card) _____</td> </tr> <tr> <td colspan="3">Patient Address _____</td> </tr> <tr> <td>Postal Code _____</td> <td colspan="2">Patient Phone No. (_____) _____</td> </tr> <tr> <td>Submitter Lab No. _____</td> <td colspan="2">Public Health Unit Outbreak No. _____</td> </tr> </table>	Health No. _____	Sex _____	Date of Birth: _____ YYYY / mm / dd	Medical Record No. _____			Patient's Last Name (per OHIP card) _____		First Name (per OHIP card) _____	Patient Address _____			Postal Code _____	Patient Phone No. (_____) _____		Submitter Lab No. _____	Public Health Unit Outbreak No. _____	
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Postal Code _____	Patient Phone No. (_____) _____																		
Submitter Lab No. _____	Public Health Unit Outbreak No. _____																		
<p>3 - Test(s) Requested (Please see last codes on reverse)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">CODE</th> <th style="width: 40%;">DESCRIPTION</th> <th style="width: 30%;">Date Collected: _____ YYYY / mm / dd</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Specimen Type and Site</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hepatitis Serology <input type="checkbox"/> Immunity <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Diagnostic <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other - (specify) _____ </td> </tr> </table> <p>Patient Setting</p> <input type="checkbox"/> Physician Office/Clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> Inpatient (w/ward) <input type="checkbox"/> Inpatient (ICU) <input type="checkbox"/> Institution	CODE	DESCRIPTION	Date Collected: _____ YYYY / mm / dd										<input type="checkbox"/> Hepatitis Serology <input type="checkbox"/> Immunity <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Diagnostic <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other - (specify) _____	<p>4 - Reason for Test</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> diagnostic <input type="checkbox"/> immune status <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-exposure <input type="checkbox"/> other - (specify) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Date Collected: _____ YYYY / mm / dd <input type="checkbox"/> Order Date: _____ YYYY / mm / dd </td> </tr> </table> <p>Clinical Information</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> fever <input type="checkbox"/> STI <input type="checkbox"/> pregnant <input type="checkbox"/> jaundice <input type="checkbox"/> other - (specify) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> gastroenteritis <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> vesicular rash <input type="checkbox"/> maculopapular rash </td> </tr> </table> <p><input type="checkbox"/> influenza high risk - (specify) _____ <input type="checkbox"/> recent travel - (specify) _____</p> <p style="text-align: right; font-size: small;">For Laboratory use only</p>	<input type="checkbox"/> diagnostic <input type="checkbox"/> immune status <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-exposure <input type="checkbox"/> other - (specify) _____	<input type="checkbox"/> Date Collected: _____ YYYY / mm / dd <input type="checkbox"/> Order Date: _____ YYYY / mm / dd	<input type="checkbox"/> fever <input type="checkbox"/> STI <input type="checkbox"/> pregnant <input type="checkbox"/> jaundice <input type="checkbox"/> other - (specify) _____	<input type="checkbox"/> gastroenteritis <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> vesicular rash <input type="checkbox"/> maculopapular rash
CODE	DESCRIPTION	Date Collected: _____ YYYY / mm / dd																	
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<p>Laboratory Result</p> <p><input type="checkbox"/> further report to follow</p> <p>Date reported: _____ Checked by: _____ Specimen(s) transferred to: _____ YYYY / mm / dd</p> <p style="font-size: small;">For HIV please use the HIV serology form - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number 97-44 (09/2009) Current versions of Public Health Laboratory requisitions are available at www.ohpp.ca/labrequisition</p>																			



Ontario
Public Health Laboratories

Public Health Laboratories

Public Health Laboratories Testing Menu

Please enter the test code(s) desired into Box 3 on the reverse side of this form. For HIV, please use the HIV Serology form.

Code Test

Code Test

V02	Adenovirus-Serology	S30	Torquesma - Serology
S01	Catscratch Fever (Bartonella anguiseptica, Bartonella) - Serology	V39 IS	Varicella-Zoster (Chicken Pox) - IgG Immune Status
V05 IS	Cytomegalovirus (CMV) - IgG Immune Status	V39 D	Varicella-Zoster (Chicken Pox) - IgG IgM Diagnosis
V05 D	Cytomegalovirus (CMV) - IgM Diagnosis	V41	West Nile Serology - Provider Clinical Information
V28	Dengue - Serology	V44	West Nile Virus - Serology
B04	Diphtheria - Antitoxin		
V08	Epidemic Burt Virus (EBV) - Serology		
V09	Hemorrhagic Fever (Yellow Fever, Ebola, Lassa) - Serology		
V10	Hantavirus - Serology		
V11	Hepatitis A - Total Immune Status		
V11 A	Hepatitis A - IgG Immune Status		
V12	Hepatitis A - IgM Diagnosis		
V13	Hepatitis B - Hbs Ag Diagnosis		
V13 D	Hepatitis B DNA - Nucleic Acid Testing (NAT)		
V14	Hepatitis B - Hbs Ab Diagnosis		
V15	Hepatitis B - Hbe Ag Diagnosis		
V16	Hepatitis B - Hbe Ab Diagnosis		
V17	Hepatitis B - Hbc IgM Diagnosis		
V18	Hepatitis B - Hbc Ab Diagnosis		
V19	Hepatitis C - Diagnosis		
V19 G	Hepatitis C RNA - Genotyping		
V19 C	Hepatitis C RNA Quantitate - Nucleic Acid Testing (NAT)		
V19 DT	Hepatitis C RNA Quantitate - Nucleic Acid Testing (NAT)		
V20	Hepatitis D (Delta Agent) - Diagnosis		
V45	Hepatitis E - Diagnosis		
V21 S	Herpes simplex Virus (HSV) - IgG Immune Status		
V22	Human Herpes Virus 6 (HHV6, Epstein Barr virus) - Serology		
B05	Legionnaires Disease - Serology		
S03	Lyme Disease - Serology		
V24	IS Meselas (Rubella) - IgG Immune Status		
V24 D	Meselas (Rubella) - IgG IgM Diagnosis		
V27 IS	Mumps - IgG Immune Status		
V27 D	Mumps - IgM Diagnosis		
V37 IS	Rubella (German Measles) - IgG Immune Status		
V37 D	Rubella (German Measles) - IgG IgM Diagnosis		
P03	Parasites - Blood		
V30 IS	Parvovirus B19 (Fifth Disease, Erythema infectiosum) - IgG Immune Status		
V30 D	Parvovirus B19 (Fifth Disease, Erythema infectiosum) - IgG IgM Diagnosis		
V31	Q Fever - Serology		
V32	Rabies Virus - Antitoxin Screen		
V33	Rickettsia (Typhus, RMSF) - Serology		
S04	Serology - Bacterial (Special Agent)		
S05	Serology - Mucoc (Special Agent)		
S06	Serology - Parasitic (Special Agent)		
617	Egyptian Feverin - Serology		
V38 IS	TORCH (Toxoplasma, Rubella, CMV, Herpes simplex) - IgG Immune Status		
V38 D	TORCH (Toxoplasma, Rubella, CMV, Herpes simplex) - IgG IgM Diagnosis		
	(Herpes simplex IgM not available)		
B08	Tetanus - Antitoxin		
		S39	Torquesma - Serology
		V39 IS	Varicella-Zoster (Chicken Pox) - IgG Immune Status
		V39 D	Varicella-Zoster (Chicken Pox) - IgG IgM Diagnosis
		V41	West Nile Serology - Provider Clinical Information
		V44	West Nile Virus - Serology

Miscellaneous Specimen Types

V01	Adenovirus Virus Detector Only
B01	Antimicrobial Susceptibility Testing - Bacteria
M01	Antimicrobial Susceptibility Testing - Fungi, Mycobacteria
T01	Antimicrobial Susceptibility Testing - Mycobacteria
B02	Bacterial (Enteric) - Culture
B12	Bacterial Vagrinosis - Gram Stain
B07	Chlamydia pneumoniae/Culture/MAT
V03	Chlamydia pneumoniae/Mycoplasma pneumoniae/MAT
B03	Chlamydia trachomatis - Culture/MAT
V05	Cytomegalovirus (CMV) - Culture/Virus Detection
V06	Election Microscopy - Viral Detection
M03	Enterovirus (Coxsackie, ECHO, Polio) - Virus Detection Only
M04	Fungal - Specifical - Microscopy & Culture
M07	Fungus or Yeast/Identification - Reference Culture
B11	Gonorrhea (Neisseria gonorrhoea) (GC) - Culture/MAT
V21	Herpes simplex Virus (HSV) - Virus Detection
V23	Human A, B (Flu) - Virus Detection
B03	Legionnaires Disease - Culture/Urine
V25	Meselas - Virus Detection
V26	Meselas/serology (Parvovirus) - Virus Detection
B07	Mycoplasma pneumoniae/Chlamydia pneumoniae/MAT
V28	Mumps - Virus Detection
V29	Norovirus - (Newcastle Virus)
P02	Parasites - Antropoc & Microbiological
P03	Parasites - Tissue
P04	Parasites - Urine
V29	Parvovirus 1,2,3 - Virus Detection Only
V33	Respiratory Syncytial Virus (RSV) - Virus Detection Only
V34	Rhinovirus (Common Cold Virus) - Virus Detection Only
V36	Rubella - Virus Detection Only
V37	Rubella (German Measles) - Virus Detection
S18 A	Syphilis CSF (VDRL) - Serology
S18 B	Syphilis - Direct Fluorescence
T02	TB - Reference Culture
T04	TB/Mycobacteria (Culture) - Culture and Stain
T03	TB - MATD Only
V43	Torquesma - Virus Detection Only
B09	Urogenital Mycoplasma/Ureaplasma - Culture
V39	Varicella-Zoster (Chicken Pox) - Virus Detection
V40	West Nile Virus - Virus Detection Only
V42	Virus Isolation/Detection - Provider Clinical Information
V40	Whooping Cough (Diphtheria/pertussis) - Culture/PCR

For additional forms, kits or information contact:

Toronto Public Health Laboratory

81 Papezesse Road, Toronto, Ontario, M5P 3T1
 PO Box 9000, Terminal 3, Toronto, Ontario, M5W 1R5
 Specimen mailing (416) 235-6316


Help Line (8:30 - 5:00) Monday to Friday
 Emergency After-Hours Duty Clinic (416) 235-5712
 Fax (416) 235-6316

Regional Public Health Laboratories

Bacteriology (416) 235-5712	Eny. Micro (416) 235-5716	Parasitology (416) 235-5722	TB (416) 235-5828
Molecular Diagnostics (416) 235-5703	Mycology (416) 235-5720	Serology (416) 235-5715	Virology/Chem (416) 235-5725
Orillia (705) 326-7449	Ontario (613) 736-6800	S.S. Mame (705) 241-7132	Timmins (705) 287-6033
Kitchener (613) 544-6830	Peterborough (705) 743-8811	Stouffville (905) 544-6917	Whitby (905) 969-4341
London (519) 452-9310		Thunder Bay (807) 822-6449	

Hepatitis – PHL Information Form

Print Form



Ontario
 Agency for Health
 Protection and Promotion

Public Health Laboratory - Toronto
 81 Reservoir Road
 Toronto, ON M9P 3T1
 T: 416-265-5737 F: 416-236-6197
 www.ohpp.ca

**HEPATITIS PCR INFORMATION FORM AND REQUISITION
 HEPATITIS C RNA AND/OR HEPATITIS B DNA VIRAL LOAD**

1. For HCV RNA, complete page 2 of this form and submit minimum 2.5 ml frozen serum or plasma
2. For HBV DNA, complete page 3 of this form and submit minimum 2.5 ml frozen serum or plasma
3. For HCV RNA and HBV DNA, complete pages 2 and 3 of this form and submit with minimum 5.0 ml frozen serum or plasma

Ensure that the following has been completed before submitting to PHL Laboratory:

2.5 ml frozen serum or plasma is provided (*if both HCV and HBV DNA requested, submit 5.0 ml frozen serum or plasma*)

Sender and Patient information is complete and contains:

- Patient name, HIN, Date of Birth, and Address
- Ordering physician/laboratory name, and complete mailing address

Specimen is labelled with 2 unique identifiers that also appear on the Requisition

For further information:

1. Specimen Collection Guide and this form are available at <http://www.health.gov.on.ca/english/providers/pub/labs/specimen.html>
2. Hepatitis Laboratory, Public Health Laboratory - Toronto, 416-235-5737

HEPATITIS PCR INFORMATION FORM AND REQUISITION
 Minimum volume 2.5 mL serum or plasma, removed from clot within 4 hours and submitted frozen to PHL

Part A: HEPATITIS C (HCV) RNA

Clinician Information Name: <input style="width: 90%;" type="text"/> Billing Number: <input style="width: 80%;" type="text"/> Address: <input style="width: 95%;" type="text"/> Postal Code: <input style="width: 60%;" type="text"/>	Patient Information Surname: <input style="width: 90%;" type="text"/> First Name: <input style="width: 80%;" type="text"/> HIN: <input style="width: 60%;" type="text"/> DOB: <input style="width: 60%;" type="text"/> Address: <input style="width: 95%;" type="text"/>
--	---

PHL Lab Number Date Received

Pre-Treatment: Query the presence of active HCV infection
(HIV immunocompromised, infant of HCV positive mother, patient with anti-HCV indeterminate result, 8-10 weeks post exposure, etc).

Pre-Treatment: Genotyping and Baseline viral load

On-Treatment: Week 4 Testing for Rapid Virological Response

On-Treatment: Quantitative Viral Load - Week 12 of treatment

On-Treatment: Weeks

Post-Treatment: Weeks

(2 samples less than the deflection limit (<15 IU/mL) and 6 months apart are required to confirm successful treatment. No follow up required unless there is a new exposure).

Other relevant and clinical information

This form is available at:
<http://www.health.gov.on.ca/english/providers/pub/labs/specimen.html>

F-C-HE-096-005 Page 2 of 3

HEPATITIS PCR LAB INFORMATION FORM AND REQUISITION
 Minimum volume 2.5 mL serum or plasma, removed from clot within 4 hours and submitted frozen to PHL

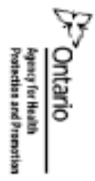
Part B: HEPATITIS B (HBV) DNA

<p>Clinician Information</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>Billing Number: <input style="width: 90%;" type="text"/></p> <p>Address: <input style="width: 90%; height: 20px;" type="text"/></p> <p>Postal Code: <input style="width: 90%;" type="text"/></p>	<p>Patient Information</p> <p>Surname: <input style="width: 90%;" type="text"/></p> <p>First Name: <input style="width: 90%;" type="text"/></p> <p>HIN: <input style="width: 90%;" type="text"/> DOB: <input style="width: 90%;" type="text"/></p> <p>Address: <input style="width: 90%; height: 20px;" type="text"/></p>
<p>PHL Lab Number <input style="width: 90%;" type="text"/> Date Received <input style="width: 90%;" type="text"/></p>	
<p><input type="checkbox"/> Pre-Treatment</p> <p><input type="checkbox"/> On-Treatment: <input style="width: 40px;" type="text"/> Months (routine monitoring)</p> <p><input type="checkbox"/> Query Viral Breakthrough: (provide viral load and dates for last two treatment samples)</p> <p>1. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> (date) (Viral Load)</p> <p>2. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> (date) (Viral Load)</p> <p><input type="checkbox"/> Post-Treatment: <input style="width: 40px;" type="text"/> Months</p>	
<p>Other relevant and clinical information</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

This form is available at:
<http://www.health.gov.on.ca/en/lst/hy/provider/sr/pul/rlabs/specimen.html>

F-C-HE-036-005 Page 3 of 3

Enteric – Multiple Submission Form



**ENTERIC DISEASE INVESTIGATION
MULTIPLE SPECIMEN SUBMISSION FORM**

<p>1. HEALTHCARE PROVIDER ADDRESS</p> <p>2. HEALTHCARE CONTACT</p> <p>Telephone: () () () () () ()</p> <p>3. HEALTHCARE CONTACT</p> <p>Telephone: () () () () () ()</p> <p>4. INITIAL OR FOLLOW-UP (PREVIOUS CHECK BELOW) <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP</p> <p>5. SPECIFIC SUBJECT (CONSIDERED ALIEN? OR ADDITIONAL TEST INDICATED)</p>	<p>6. CONTAINER NUMBER</p> <p>7. LOCATION/INSTITUTION/ORGANIZATIONAL CODE (OPTIONAL)</p> <p>8. ADDRESS</p> <p>9. OTHER HEALTH UNIT(S) INVOLVED (HEALTH UNIT - FILE # IF AVAILABLE)</p>
<p>LABEL</p>	<p>PHIL LAB NO.</p> <p>LABORATORY RESULTS AND COMMENTS <input type="checkbox"/> Bacteriology <input type="checkbox"/> Parasitology <input type="checkbox"/> Virology</p>
<p>For PHU use only</p>	
<p>DATE RECEIVED</p>	<p>DATE REPORTED</p>

FSD-EN-002-003 Multiple Submission Form Page 1 of 2

FOR THE COPIES OF THIS DOCUMENT, PLEASE CONTACT THE PUBLIC HEALTH UNIT THAT IS THE CONTACT FOR THE OVERSPHERE.

City: Toronto and District Health Unit Tel: 416-321-4444 Fax: 416-321-4444 Email: sd.en@ontario.ca

