Ontario Ministry of Health and Long-Term Care
Public Health Laboratories

Reference Bacteriology Requisition

Date received yyyy / mm / dd

OPHL No.

1 - Clinician / Referring Laboratory

Agency ID

Courier Code

Provide Return Address:

Name
Address
City & Province
Postal Code

Clinician ID

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)*

Patient Address

Sender's Lab No.

Public Health Unit Outbreak No.

3 - Test(s) Requested

☐ identification ☐ confirmation ☐ typing
☐ antimicrobial susceptibility
☐ other - *(specify)* _____

4 - Culture Information

☐ Presumptive identification: _____

☐ Gram morphology: _____

☐ aerobe ☐ anaerobe ☐ microaerophile
☐ fermenter ☐ oxidizer

oxidase pos ☐ neg ☐
catalase pos ☐ neg ☐
MacConkey growth ☐ No growth ☐

5 - Clinical /epidemiological information

Source of isolation: _____

Clinical diagnosis: _____

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

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

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 98- 44 (06/2007)