

For laboratory use only

Date received

PHOL No.

yyyy / mm / dd

Reference Bacteriology Requisition

| | | | |
|--|--|--|-------------------------------|
| 1 - Submitter | | 2 - Patient Information | |
| <p style="text-align: right;">Courier code</p> <p>Provide Return Address:</p> <p style="text-align: center;">Name Address City & Province Postal Code</p> | | Health No. / HRN: | |
| | | Date of Birth: yyyy / mm / dd | Sex: |
| Clinician initial / Surname and OHIP / CPSO Number: | | Last Name: (per health card) | First Name: (per health card) |
| | | Address: | |
| Tel: | | City: | Postal code: |
| Fax: | | Submitter lab no. (if applicable): | |
| 3 - Test(s) Requested | | Public Health Unit Investigation/Outbreak No.: | |
| identification confirmation antimicrobial susceptibility typing - (specify): other - (specify): | | 6 - Date of Collection of primary specimen: | |
| 4 - Culture Information | | Date: yyyy / mm / dd | |
| Presumptive identification: Gram morphology: aerobe anaerobe microaerophile fermenter oxidizer oxidase: pos. neg. MacConkey: catalase: pos. neg. growth no growth | | 7 - Source of isolation (MANDATORY INFORMATION) | |
| 5 - Clinical diagnosis: | | Blood Number of sets ordered: 1 positive set within 24 hours ≥ 2 positive sets or more within 24 hours | |
| | | Urine Midstream Indwelling Catheter Cystoscopy Other: | |
| | | Wound - (please specify site and type) Surveillance / screen sites) Other - (please specify): | |
| | | 8 - Epidemiological information | |
| | | Recent travel Outbreak | |
| | | 9 - Person to contact (please print name) | |
| | | First name: | |
| | | Last name: | |
| | | Telephone no./ext.: | |

Please Note: This form is available at publichealthontario.ca/requisitions

The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.36 (1)(c)(iii) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 and will be used for surveillance and other public health purposes. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.