

**Submit Form**

Orders will be processed and mailed using Canada Post. Please allow 5-14 business days for arrival.  
For RUSH orders, provide the following information:  
Courier Name: \_\_\_\_\_ Courier Account #: \_\_\_\_\_

DOCTOR/CLINIC/FACILITY NAME (PLEASE PRINT CLEARLY)		DATE	
SHIPPING ADDRESS		CITY	POSTAL CODE
NAME (PLEASE PRINT CLEARLY)	AUTHORIZED SIGNATURE	EMAIL	TELEPHONE NO.

**Sample Containers** NOTE: A COMPLETE PACKAGE\* CONSISTS OF (1) SAMPLE CONTAINER, (1) SAMPLE BAG & (1) REQUISITION/FORM UNLESS SPECIFIED PLEASE **DO NOT** ORDER IN PADS, BAGS, PACKS, FLATS, TRAYS, BOXES OR CASES (Unless ordering the Serology Screening Requisition in the 50-page pad). **COMPLETE PACKAGE\***

CONTAINER TYPE / TEST	DESCRIPTION	TESTING INFORMATION AND FURTHER DETAILS	No.
SWABS	<b>BACTERIAL CULTURE SWAB</b>	Cotton swab on plastic shaft + Amies Charcoal Transport Media Culture for bacterial pathogens <b>excluding</b> <i>Mycobacterium</i> spp. & <i>Bordetella pertussis</i>	
	<b>DRY SWAB (EYE SAMPLES)</b>	Cotton swab on plastic shaft with no transport media <i>Chlamydia trachomatis</i> for DFA	
	<b>NUCLEIC ACID TESTING (NAT) SWAB</b>	Unisex Swab Sample Collection Kit for Endocervical and Male Urethral Swab specimens (purple label) <i>Chlamydia trachomatis</i> AND <i>Neisseria gonorrhoeae</i> for Nucleic Acid Testing (NAT)	
	<b>NUCLEIC ACID TESTING (NAT) SWAB</b>	Vaginal Swab Sample Collection Kit (orange label) <i>Chlamydia trachomatis</i> AND <i>Neisseria gonorrhoeae</i> , <i>Trichomonas vaginalis</i> for Nucleic Acid Testing (NAT) in females	
	<b>NUCLEIC ACID TESTING (NAT) URINE</b>	Urine Sample Transport Kit (yellow label) <i>Chlamydia trachomatis</i> AND <i>Neisseria gonorrhoeae</i> for Nucleic Acid Testing (NAT)	
	<b>PERTUSSIS / WIRE DACRON SWAB</b>	Dacron swab on wire shaft + Amies Charcoal Transport Media Culture and polymerase chain reaction (PCR) test for <i>Bordetella pertussis</i> Culture of urethral & eye specimens for <i>Neisseria gonorrhoeae</i>	
	<b>RESPIRATORY VIRUS</b>	COPAN (red-top) + Viral Transport Media Respiratory Virus Testing, PCR for nasal/nasopharyngeal specimens	
	<b>VIRUS ISOLATION SWAB</b>	Starplex (S160V) (Blue top) or COPAN (blue-top) + Universal Transport Media PCR and Virus Culture	
BLOOD TUBES	<b>BLOOD PARASITES</b>	EDTA (Purple) vacutainer (Malaria ) Smears to be submitted in addition to blood in EDTA	
	<b>HEPATITIS C PCR</b>	EDTA (Purple) vacutainer Specimen to be submitted in EDTA vacutainer tube	
	<b>SEROLOGY SCREENING</b>	SST (Gold Top) Hepatitis, HIV, Prenatal, Rubella, <i>Helicobacter pylori</i> , Syphilis, Virus Serology	
	<b>ZOONOTIC DISEASES &amp; EMERGING PATHOGENS</b>	SST (Gold Top) ASOT, AntiDNase B, <i>Brucella</i> , <i>Borrelia</i> , <i>Coccidioides</i> , Diphtheria, Tetanus, <i>Toxoplasma</i> , Tularemia, Parasitic Serology, <i>Bartonella</i> , <i>Cryptococcus</i> , Referred Bacterial, Fungal & Parasitic Testing, Arboviruses (West Nile virus), Hantavirus, <i>Rickettsia</i> , <i>Ehrlichia/Anaplasma</i> , <i>Leptospira</i> , Referred Testing	
OUTBREAK KITS	<b>GASTROINTESTINAL DISEASE OUTBREAK KIT</b>	Kit consists of 6 sterile vials for feces, 2 sterile vials for vomitus, 8 biohazard bags, 8 GI Outbreak Requisition and 1 GI Outbreak Fax Notification form	
	<b>INFLUENZA LIKE ILLNESS OUTBREAK KIT</b>	Kit consists of 6 swabs, 6 biohazard bags, 6 VI requisition forms and 1 ILI fax notification form FOR FACILITY TESTING ONLY (Maximum order per season is 50 kits. Orders over 50 kits must be approved by the Virology Section).	
FECES VIALS & PADDLES	<b>ENTERIC PATHOGENS</b>		
	<b>PARASITOLOGY</b>	SAF (preservative) vial Orders must be approved by the Parasitology Section	
	<b>PINWORM</b>	Pinworm sticky paddle Orders must be approved by the Parasitology Section	
	<b>VIROLOGY</b>	Adenovirus & Rotovirus EIA	
BOTTLES	<b>TREATED PLASTIC BOTTLES</b>	Water Bacteriology	
SLIDES	<b>MICROSCOPIC EXAMINATION</b>	Gonorrhea, <i>Trichomonas</i> , Bacterial Vaginosis & Yeast	
	<b>SYPHILIS</b>	Dark Field/Direct Fluorescent Antibody	
VIALS AND JARS	<b>FOOD MICROBIOLOGY JAR</b>	For Food Quality and Food Poisoning Samples	
	<b>TISSUE PARASITES</b>	Sterile vial	
	<b>TREATED ICE GLASS JAR</b>	Water Bacteriology	
	<b>TUBERCULOSIS PLASTIC JAR</b>	Sputum, urine & other body fluids (all <i>Mycobacteria</i> )	
	<b>TUBERCULOSIS TREATED GLASS JAR</b>	Stomach washings (all <i>Mycobacteria</i> ) (Request these prepared jars 2 weeks in advance)	
	<b>ZOONOTIC DISEASES &amp; EMERGING PATHOGENS</b>	<i>Helicobacter pylori</i> Stool Antigen	
REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS	REQUISITION CODE**		ADDITIONAL REQUESTS (Indicate)
	NO. REQUESTED		

## ORDERING INFORMATION:

### What should I order?

For instructions on what container to use and how to collect and submit the sample please consult the BCCDC Public Health Laboratory **eLab Handbook** at <http://www.elabhandbook.info/PHSA/Default.aspx>.

### How do I order?

Using this *Sample Container Order Form* please either **email** the request to **kitorders@hssbc.ca** OR **fax** request to **(604) 707-2606**

- Please order in single units;
- Please **DO NOT** order in pads, bags, packs, flats, trays, boxes or cases (unless ordering the Serology Screening requisition which is available in a 50-page pad).

### How many should I order?

When ordering please keep in mind the following:

- A lot of sample containers have components that have a short shelf-life and therefore have expiry dates. Please order according to your needs instead of "stock-piling".

### When will I receive my order?

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## REQUISITION FORMS

<b>BAM</b>	Bacteriology & Mycology Requisitions	2 sided form: Side 1 – Specimens for Bacteriology and Mycology testing Side 2 – Isolates for Identification
<b>FP1</b>	Food Poisoning Form Part A - Incident Summary	To be filled out during a food poisoning event
<b>FP2</b>	Food Poisoning Form Part B - Requisition	To accompany clinical and food/environmental samples in suspected food poisoning events. Food Poisoning Form Part A - Incident Summary must also be filled out.
<b>FQ</b>	Food Quality Sample Requisition	To accompany food samples submitted by Environmental Health Officers under the Food Quality Check Program
<b>GIOB</b>	Gastrointestinal Disease Outbreak Requisition	To accompany each sample submitted for GI outbreak investigation
<b>GIOF</b>	Gastrointestinal Disease Outbreak Fax Form	To be filled out for each GI outbreak
<b>PARA</b>	Parasitology Requisition	Ova & Parasites, Blood & Tissue Parasites, Parasite Identification (arthropods, worms, proglottids)
<b>SER</b>	Serology Screening Requisition	High volume serology testing; available in 50-page pad
<b>TB</b>	Mycobacteriology/TB Requisition	Mycobacteriology testing
<b>VI</b>	Virology Requisition	Non-serological virology testing
<b>WB</b>	Water Bacteriology Requisition	Public health water analysis (drinking water, recreational and waste water)
<b>ZEP</b>	Zoonotic Diseases & Emerging Pathogens Requisition	Serological, molecular and other testing for viruses, bacteria, parasites and fungi