

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	BACTERIAL CULTURE SWAB	Cotton swab on plastic shaft + Amies Charcoal Transport Media	Culture for bacterial pathogens excluding <i>Mycobacterium</i> spp. & <i>Bordetella pertussis</i>
	DRY SWAB (EYE SAMPLES)	Cotton swab on plastic shaft with no transport media	<i>Chlamydia trachomatis</i> for DFA
	NUCLEIC ACID TESTING (NAT) SWAB	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)
	NUCLEIC ACID TESTING (NAT) SWAB	Vaginal Swab Sample Collection Kit for collection of vaginal specimens (orange label)	<i>Chlamydia trachomatis</i> AND <i>Neisseria gonorrhoeae</i> for Nucleic Acid Testing (NAT)
	NUCLEIC ACID TESTING (NAT) URINE	Urine Sample Transport Kit (yellow label)	<i>Chlamydia trachomatis</i> AND <i>Neisseria gonorrhoeae</i> for Nucleic Acid Testing (NAT)
	PERTUSSIS / WIRE DACRON SWAB	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>
	RESPIRATORY VIRUS	COPAN (red-top) + Viral Transport Media	Respiratory Virus Testing, PCR for nasal/nasopharyngeal specimens
	VIRUS ISOLATION SWAB	Starplex (S160V) (Blue top) or COPAN (blue-top) + Universal Transport Media	PCR and Virus Culture
BLOOD TUBES	BLOOD PARASITES	EDTA (Purple) vacutainer	(Malaria) Smears to be submitted in addition to blood in EDTA
	HEPATITIS C PCR	EDTA (Purple) vacutainer	Specimen to be submitted in EDTA vacutainer tube
	SEROLOGY SCREENING	SST (Gold Top)	Hepatitis, HIV, Prenatal, Rubella, <i>Helicobacter pylori</i> , Syphilis, Virus Serology
	ZOONOTIC DISEASES & EMERGING PATHOGENS	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	GASTROINTESTINAL DISEASE OUTBREAK KIT	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	
	INFLUENZA LIKE ILLNESS OUTBREAK KIT	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	ENTERIC PATHOGENS		
	PARASITOLOGY	SAF (preservative) vial	Orders must be approved by the Parasitology Section
	PINWORM	Pinworm sticky paddle	Orders must be approved by the Parasitology Section
	VIROLOGY		Adenovirus & Rotavirus EIA
BOTTLES	TREATED PLASTIC BOTTLES		Water Bacteriology
SLIDES	MICROSCOPIC EXAMINATION		Gonorrhea, Trichomonas, Bacterial Vaginosis & Yeast
	SYPHILIS		Dark Field/Direct Fluorescent Antibody
VIALS AND JARS	FOOD MICROBIOLOGY JAR		For Food Quality and Food Poisoning Samples
	TISSUE PARASITES	Sterile vial	
	TREATED ICE GLASS JAR		Water Bacteriology
	TUBERCULOSIS PLASTIC VIAL		Sputum, urine & other body fluids (all <i>Mycobacteria</i>)
	TUBERCULOSIS TREATED GLASS VIAL		Stomach washings (all <i>Mycobacteria</i>) (Request these prepared jars 2 weeks in advance)
	ZOONOTIC DISEASES & EMERGING PATHOGENS		<i>Helicobacter pylori</i> Stool Antigen

REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS	REQUISITION CODE**				ADDITIONAL REQUESTS (Indicate)
	NO. REQUESTED				

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.bccdc.ca/PHSALaboratories

ORDERING INFORMATION:

What should I order?

Please consult the BC Public Health Microbiology & Reference Laboratory **Guide to Programs and Services** on our site at <http://www.bccdc.ca/PHSALaboratories> for instructions on what container to use and how to collect and submit the sample.

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

Requisition Code**	Requisition Name	Description
BAM	Bacteriology & Mycology Requisitions	2 sided form: Side 1 – Specimens for Bacteriology and Mycology testing Side 2 – Isolates for Identification
DCFP_100_1001F	Food Poisoning Form Part A - Incident Summary	To be filled out during a food poisoning event
FP	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.
FQ	Food Quality Sample Requisition	To accompany food samples submitted by Environmental Health Officers under the Food Quality Check Program
GIOB	Gastrointestinal Disease Outbreak Requisition	To accompany each sample submitted for GI outbreak investigation
DCFP_102_1001F	Gastrointestinal Disease Outbreak Fax Form	To be filled out for each GI outbreak
PARA	Parasitology Requisition	Ova & Parasites, Blood & Tissue Parasites, Parasite Identification (arthropods, worms, protozoa)
SER	Serology Screening Requisition	High volume serology testing; available in 50-page pad
TB	Mycobacteriology/TB Requisition	Mycobacteriology testing
VI	Virology Requisition	Non-serological virology testing
WB	Water Bacteriology Requisition	Public health water analysis (drinking water, recreational and waste water)
ZEP	Zoonotic Diseases & Emerging Pathogens Requisition	Serological, molecular and other testing for viruses, bacteria, parasites and fungi