



Section 1 - Patient/Provider Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

PERSONAL HEALTH NUMBER (or out-of-province Health Number and province)		ORDERING PRACTITIONER Name and MSC#		LABORATORY USE ONLY
PATIENT SURNAME		Address of report delivery		
PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum [†] [†] If Locum, include name of Practitioner you are covering for		
DOB (DD/MMM/YYYY)	SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)	ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)		
PATIENT ADDRESS		1. _____		
CITY		2. _____		
PROVINCE	POSTAL CODE	3. _____		
				DATE RECEIVED
				OUTBREAK ID
				SAMPLE REF. NO.
				DATE COLLECTED (DD/MMM/YYYY)
				TIME COLLECTED (HH:MM)

Section 2 - Location Information

LOCATION OF INCIDENT / OUTBREAK (Name & Address): _____	SUSPECT MEAL EATEN Date: _____ Time: _____
OUTBREAK ID (If Applicable): _____	
CONFIRMED ETIOLOGICAL AGENT (If Known): _____	

Section 3 - Test Information

TEST REQUESTED <input type="checkbox"/> Food Poisoning Investigation <input type="checkbox"/> Botulism** <input type="checkbox"/> Other, specify: _____ <small>**Requests for botulism must be approved by Medical Microbiologist. Please call Environmental Microbiology at (604) 707-2611 or Medical Microbiologist on Call at (604) 661-7033.</small>	SAMPLE TYPE <input type="checkbox"/> Suspect Food (Left-over) <input type="checkbox"/> Suspect Food (Same Batch) <input type="checkbox"/> Environmental Swab <input type="checkbox"/> Feces <input type="checkbox"/> Vomitus <input type="checkbox"/> Blood / Serum <input type="checkbox"/> Other, specify: _____
FOOD/SWAB SAMPLE INFORMATION	
Name / Description: _____	
Place of Food/Swab Collection: _____	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION

Clinical Sample:

1. Provide one requisition for each patient sample.
2. Label vial with patient name before collecting sample.
3. Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
4. Use a **dry** sterile vial and fill up to the line indicated.
5. Replace and tighten cap.
6. Place vial in the biohazard bag and completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimens.
7. Return to Health Unit or BCCDC Public Health Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
8. Keep specimens at 10°-20°C for immediate (same day) delivery, otherwise, refrigerate at 4°C before transport with ice pack.
9. Do not freeze sample.

Food Sample:

1. If possible, submit food samples in original packaging or use sterile Food Microbiology jar.
2. For very large food items, consult with Environmental Microbiology Laboratory before sub-sampling.
3. Food Poisoning Form Part B - Requisition can be used for up to 5 food samples. Please include an additional requisition if submitting more.
4. Refrigerate at 4 °C then transport with ice pack.
5. Do not freeze sample.

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.