GIOB

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Gastrointestinal Disease Outbreak Requisition

GIOB

LM LABS

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)

PATIENT SURNAME

PATIENT FIRST AND MIDDLE NAME

DOB
(DD/MMM/YYYY)

SEX
☐ M ☐ F ☐ X ☐ U (Unk)

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

ORDERING PRACTITIONER
Name and MSC#

Address of report delivery

☐ **I do not require a copy of the report** ☐ **I am a Locum**†
†If Locum, include name of Practitioner you are covering for

ADDITIONAL COPIES TO PRACTITIONER / CLINIC:
(Name, Address / MSC#/ PHSA Client#) **(Limit of 3 copies available)**
1.
2.
3.

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

Section 2 - Outbreak Information

OUTBREAK IDENTIFICATION: _____

Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009), as per instructions on page 2 of the *GI Outbreak Notification Form*

SUSPECTED ETIOLOGICAL AGENT: _____

Section 3 - Test Information

TEST REQUESTED

☐ Viral / Bacterial Outbreak Test (do not use SAF vial)
☐ Ova & Parasitic Test (use SAF vial)
☐ Other, specify: _____

SAMPLE TYPE

☐ Feces ☐ Vomitus
☐ Other, specify: _____

For other available tests and sample collection information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

SIGNS / SYMPTOMS

☐ Diarrhea: ☐ Watery ☐ Bloody ☐ Persistent
☐ Vomiting
☐ Abdominal cramps
☐ Fever
☐ Other, specify: _____

ADDITIONAL INFORMATION

☐ Initial sample ☐ Follow-up sample
☐ Food handler ☐ Staff member
☐ Recent travel, specify: _____
☐ Current antibiotics, specify: _____
☐ Other, specify: _____

INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION

1. Label vial with patient name before collecting sample.
2. Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
3. Use a **dry** sterile vial and fill up to the line indicated.
4. Replace and tighten cap.
5. 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.
6. Ova and Parasite Testing: Fill **red-capped vial** (with SAF) with 2-3 spoonfuls of feces to the line indicated and mix well. **Red-capped vial (with SAF) is not a suitable specimen for Viral/Bacterial Outbreak Test.**
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 refrigerated at 4°C. Transport specimens in a cooler with ice pack to the laboratory promptly and within 3 days of collection.
9. Do not freeze specimens.

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.

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Province-wide solutions.
Better health.