



Section 1 - Patient Information

|   |                                      |  |
|---|--------------------------------------|--|
| <b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province) | <b>DOB</b> (DD/MMM/YYYY)             | <b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK |
| <b>PATIENT SURNAME</b>  | <b>PATIENT FIRST AND MIDDLE NAME</b> |  |
| <b>ADDRESS</b>  | <b>CITY</b>                          | <b>POSTAL CODE</b>   |

DATE RECEIVED

**LABORATORY  
USE ONLY**

OUTBREAK ID

Section 2 - Healthcare Provider Information

|   |   |
|---|---|
| <b>ORDERING PHYSICIAN</b> (Provide MSC#)<br>Name and address of report delivery | <b>ADDITIONAL COPIES TO:</b> (Address / MSC#)<br><br>1.<br><br>2.<br><br>3. |
| <input type="checkbox"/> I do not require a copy of the report                  |   |
| <b>CLINIC OR HOSPITAL</b><br>Name and address of report delivery                |   |
| <b>PHSA CLIENT NO.</b>  |   |

**SAMPLE REF. NO.**

**DATE COLLECTED**  
(DD/MMM/YYYY)

**TIME COLLECTED**  
(HH:MM)

Section 3 - 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 4 - Test Information

|  |  |
|--|--|
| <p><b>TEST REQUESTED</b></p> <p><input type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial)</p> <p><input type="checkbox"/> Ova &amp; Parasitic Test (use SAF vial)</p> <p><input type="checkbox"/> Other, specify: _____</p> | <p><b>SIGNS / SYMPTOMS</b></p> <p><input type="checkbox"/> Diarrhea: <input type="checkbox"/> Watery <input type="checkbox"/> Bloody <input type="checkbox"/> Persistent</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Abdominal cramps</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Other, specify: _____</p>                                       |
| <p><b>SAMPLE TYPE</b></p> <p><input type="checkbox"/> Feces <input type="checkbox"/> Vomitus</p> <p><input type="checkbox"/> Other, specify: _____</p>   | <p><b>ADDITIONAL INFORMATION</b></p> <p><input type="checkbox"/> Initial sample <input type="checkbox"/> Follow-up sample</p> <p><input type="checkbox"/> Food handler <input type="checkbox"/> Staff member</p> <p><input type="checkbox"/> Recent travel, specify: _____</p> <p><input type="checkbox"/> Current antibiotics, specify: _____</p> <p><input type="checkbox"/> Other, specify: _____</p> |

For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at [www.elabhandbook.info/PHSA/Default.aspx](http://www.elabhandbook.info/PHSA/Default.aspx)

**INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION**

- Label vial with patient name before collecting sample.
- Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
- Use a **dry** sterile vial and fill up to the line indicated.
- Replace and tighten cap.
- 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.
- 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.**
- Return to Health Unit or BCCDC Public Health Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
- Keep specimens refrigerated at 4°C. Transport specimens in a cooler with ice pack to the laboratory promptly and within 3 days of collection.
- Do not freeze specimens.

