

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

<b>DOCTOR/CLINIC/FACILITY NAME</b> (PLEASE PRINT CLEARLY)		<b>DATE</b>	
<b>SHIPPING ADDRESS</b>		<b>CITY</b>	
<b>POSTAL CODE</b>			
<b>NAME</b> (PLEASE PRINT CLEARLY)	<b>AUTHORIZED SIGNATURE</b>	<b>EMAIL</b>	<b>TELEPHONE NO.</b>
<p><b>Sample Containers</b> Instructions on sample collection and submission can be found in the <b>eLab Handbook</b>: <a href="http://www.elabhandbook.info/PHSA/Default.aspx">http://www.elabhandbook.info/PHSA/Default.aspx</a>.  <b>NOTE:</b> A COMPLETE PACKAGE* CONSISTS OF (1) SAMPLE CONTAINER, (1) SAMPLE BAG &amp; (1) REQUISITION/FORM UNLESS SPECIFIED  PLEASE <b>DO NOT</b> ORDER IN PADS, BAGS, PACKS, FLATS, TRAYS, BOXES OR CASES (Unless ordering the Serology Screening Requisition in the 50-page pad).</p>			<b>COMPLETE PACKAGE*</b>
CONTAINER TYPE / TEST	DESCRIPTION	TESTING INFORMATION AND FURTHER DETAILS	No.
<b>SWABS</b>	<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>APTIMA NUCLEIC ACID TESTING (NAT) SWAB</b>	Aptima 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). <i>Trichomonas vaginalis</i> for Nucleic Acid Testing (NAT) in females only.
		Aptima Multitest Swab Sample Collection Kit (suitable for vaginal, throat, rectal, eye collection) (orange label)	
	<b>APTIMA NUCLEIC ACID TESTING (NAT) URINE</b>	Aptima Urine Sample Transport Kit (yellow label)	
	<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>INFLUENZA / OTHER RESPIRATORY VIRUSES, MEASLES and MUMPS</b>	COPAN (red-top) + Universal Transport Media	Nucleic Acid Testing (NAT) for nasal/nasopharyngeal and throat specimens. <b>Do not use for <i>Chlamydia trachomatis</i> testing</b>
	<b>VIRUS ISOLATION SWAB, HERPES and VZV</b>	COPAN (blue-top) + Universal Transport Media	Nucleic Acid Testing (NAT) for skin and genital specimens. <b>Do not use for <i>Chlamydia trachomatis</i> testing</b>
<b>BLOOD TUBES</b>	<b>BLOOD PARASITES</b>	K2EDTA (EDTA/Lavender top) vacutainer	(Malaria ) Smears to be submitted in addition to blood in EDTA
	<b>HEPATITIS C PCR</b>		Specimen to be submitted in EDTA vacutainer tube
	<b>SEROLOGY SCREENING</b>		Hepatitis, HIV, Prenatal, Rubella, <i>Helicobacter pylori</i> , Syphilis, Virus Serology
	<b>ZOONOTIC DISEASES &amp; EMERGING PATHOGENS</b>	Serum separator tube (SST/Gold top) vacutainer	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
<b>OUTBREAK KITS</b>	<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 <b>(Maximum order per season is 50 kits. Orders over 50 kits must be approved by the Virology Section).</b>
<b>FECES VIALS &amp; PADDLES</b>	<b>ENTERIC PATHOGENS</b>		
	<b>PARASITOLOGY</b>	SAF (preservative) vial	<b>Orders must be approved by the Parasitology Section</b>
	<b>PINWORM</b>	Pinworm sticky paddle	<b>Orders must be approved by the Parasitology Section</b>
	<b>VIROLOGY</b>		Gastrointestinal virus testing (including Norovirus, Adenovirus, Astrovirus, Rotavirus and Sapovirus)
<b>BOTTLES</b>	<b>TREATED PLASTIC BOTTLES</b>		Water Bacteriology
	<b>ENDOTOXIN-FREE BOTTLES</b>	50 bottles (yellow cap)/order <b>(no requisition)</b>	Endotoxin/Limulus Amoebocyte Lysate (LAL) testing
<b>SLIDES</b>	<b>MICROSCOPIC EXAM</b>		Gonorrhea, Bacterial Vaginosis & Yeast
	<b>SYPHILIS</b>		Dark Field/Direct Fluorescent Antibody
<b>VIALS AND JARS</b>	<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> ) <b>(Request these prepared jars 2 weeks in advance)</b>
	<b>ZOONOTIC DISEASES &amp; EMERGING PATHOGENS</b>		<i>Helicobacter pylori</i> Stool Antigen
<b>REQUISITION ONLY ORDER</b> SEE REVERSE FOR LIST OF FORMS		<b>REQUISITION CODE**</b>	<b>ADDITIONAL REQUESTS</b> (Indicate)
		<b>NO. REQUESTED</b>	

## 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