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

Mycobacteriology / TB Requisition

TB

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 - Test(s) Requested

SAMPLES FOR AFB SMEAR AND MYCOBACTERIUM CULTURE

INDICATE SAMPLE TYPE

- ☐ Sputum
- ☐ Induced Sputum
- ☐ Bronchial wash
- ☐ Tissue, specify source: _____
- ☐ Body fluid, specify source: _____
- ☐ Gastric wash (please use only pre-made buffered glass jars from BCCDC)
- ☐ Urine
- ☐ Blood
- ☐ Feces (Clinical history is mandatory)
- ☐ Other sample, specify: _____

Special Test Requests*: _____

*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033

INTER-LABORATORY SAMPLES

SAMPLES FOR MYCOBACTERIUM NUCLEIC ACID TESTING

Has sample been digested? ☐ Yes ☐ No

Has sample been concentrated? ☐ Yes ☐ No

Acid-fast smear result: _____

Molecular result: _____

Specify source: _____

CULTURES OF MYCOBACTERIUM

Date culture became positive: _____

Specify source: _____

Special Test Requests*: _____

*Consultation required, please call Medical Microbiologist On-Call at (604) 661-7033

EXPOSURE / TREATMENT HISTORY

- ☐ Exposure to active TB case
- ☐ Exposure to MDR or XDR-TB
  Specify country of exposure: _____
- ☐ Member of high risk group
  Specify: _____
- ☐ Positive TB skin test or interferon-gamma release assay
- ☐ Currently on TB chemotherapy

CLINICAL HISTORY

_____

_____

_____

_____

_____

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

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Province-wide solutions. Better health.