PPHLN
Provincial Public Health Laboratory Network
Nova Scotia

Sample Referral Form: Not for Isolates for Typing

Please complete all of the Patient Demographic section and as much information as you have available for the other sections. The information will be used to influence the extent of work up. Submit completed referral form along with your usual Meditech requisition.

This form is NOT required for routine enteric serotyping submissions.

Version: PPHLN-F0001-00
Effective Date: August 2, 2011

Patient Demographics:

Patient Name: _____
Health Card Number: _____
Date of Birth: _____
Ordering Physician: _____
Physician Phone: _____
Hospital: _____
Inpatient: ☐ Y ☐ N If Y, ICU or Floor: _____

Pertinent Clinical History: (Please check Y or N and provide information as available)

Outbreak related: ☐ Y ☐ N If Y, outbreak # ? _____
Immunosuppression: ☐ Y ☐ N If Y, cause? _____
Travel: ☐ Y ☐ N If Y, where? _____
Pregnant: ☐ Y ☐ N ☐ not relevant _____
Other information:

Specimen/Isolate Information:

Specimen type and site: _____
Specimen number: _____ Date of Collection: _____
Specimen Gram stain result: PMN _____ Bacteria _____
Other _____

Preliminary Identification:

Laboratory Data: (not required for virology specimens) (ND = not done)

Gram stain appearance of the isolate: _____
Growth under conditions: Aerobic _____
5% CO_2 _____ Anaerobic _____
Catalase + / — /ND Oxidase + / — /ND Urease + / — /ND Indole + / — /ND
VITEK result: _____
Other results: _____

Virology: Serology: ☐ Acute ☐ Convalescent

Request:

☐ **Please do identification and susceptibilities according to CDHA protocol**

Or other reason for referral:

Identification: ☐ Y ☐ N
Susceptibilities: ☐ Y ☐ N
Doctor Request: ☐ Y ☐ N If Y Doctor Name: _____
Public Health Services Request: ☐ Y ☐ N
ICP Request: ☐ Y ☐ N
Discussed with CDHA Microbiologist: ☐ Y ☐ N If Y Name: _____
Other: