

National Centre for *Streptococcus*
Provincial Laboratory for Public Health (Edmonton Site)

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STREPTOCOCCUS INVESTIGATION SUBMISSION FORM

[NCS use only: Accession #: _____]
[Date Received: _____]

#1. Submitting Laboratory and Specimen Information

Submitting Laboratory (Name/Address): _____ _____ _____	Specimen Source: _____ Submitting Lab Specimen No: _____ Date Submitted: Day ____ Mon ____ Yr ____ Specimen Collection Date: Day ____ Mon ____ Yr ____
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#2. Patient Information

Patient Name: _____	City/Town of residence: _____
Personal Health Care Number: _____	Postal Code: _____
Date of Birth: Day ____ Mon ____ Yr ____	Province of residence: _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Diagnosis: _____

#3. Test Request

Organism submitted:	<input type="checkbox"/> Group A <i>Streptococcus</i>	<input type="checkbox"/> <i>Streptococcus pneumoniae</i>
	<input type="checkbox"/> Group B <i>Streptococcus</i>	<input type="checkbox"/> Unidentified gram positive cocci
Test Request:	<input type="checkbox"/> Serotyping	
	<input type="checkbox"/> Antimicrobial susceptibility Testing (Specify antibiotics): _____	
	<input type="checkbox"/> Identification (Specify suspected identification): _____	
	<input type="checkbox"/> Other (Specify): _____	

#4. Other Laboratory Information

Reason for isolate submission:			
Isolate submitted for Provincial Surveillance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Isolate belongs to an identified Study	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Study _____
Outbreak Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Outbreak _____
	<input type="checkbox"/> Case	<input type="checkbox"/> Contact	
Other (Specify): _____			
Please provide results of preliminary laboratory testing:			