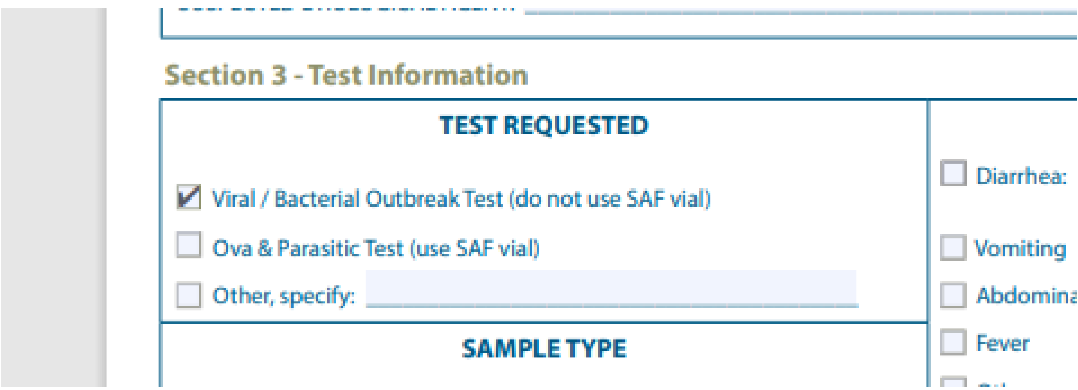
Infection Prevention

Filling out the Viral Gastrointestinal Disease Outbreak Requisition

Filling out the GI requisition
Once outbreak definition met, collect stool or vomitus samples and send to BCCDC lab

Monday to Friday, the CDEHO will email the outbreak identification # along with the MISYS #
Weekends and stats the ICP will email the outbreak identification # along with the MISYS #

- For each sample sent complete the BCCDC Public Health Laboratory Gastrointestinal Disease Outbreak Requisition
- indicate ☐ Viral / Bacterial Outbreak Test (do not use SAF vial) See below



Section 3 - Test Information

TEST REQUESTED

☑ Viral / Bacterial Outbreak Test (do not use SAF vial)
☐ Ova & Parasitic Test (use SAF vial)
☐ Other, specify:

SAMPLE TYPE

☐ Diarrhea:
☐ Vomiting
☐ Abdomina
☐ Fever

- Include the VCH CDC MISYS # (obtained from the CD EHO M-F or the ICP Sat, Sun & STATs) as ordering practitioner (see below)

BC Centre for Disease Control
Public Health Laboratory
655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Gastrointestinal Disease Outbreak Requisition

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)	ORDERING PRACTITIONER Name and MSC# VCH CDC Contol MIYS # / Address of report delivery (obtained from the CDEHO Mon-Fri or ICP weekends and stats)	DATE RECEIVED
PATIENT SURNAME	☐ I do not require a copy of the report ☐ I am a Locum[1] / [1]If Locum, include name of Practitioner you are covering for	LABORATORY USE ONLY
PATIENT FIRST AND MIDDLE NAME	ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Name, Address / MSC#/ PHSA Client#) (Limit of 3 copies available)	OUTBREAK ID
DOB (DD/MMM/YYYY) / SEX ☐ M ☐ F ☐ X ☐ U (Unk)	1.	SAMPLE REF. NO.
PATIENT ADDRESS	2.	DATE COLLECTED (DD/MMM/YYYY)
CITY	3.	TIME COLLECTED (HH:MM)
PROVINCE / POSTAL CODE		

September 2023