

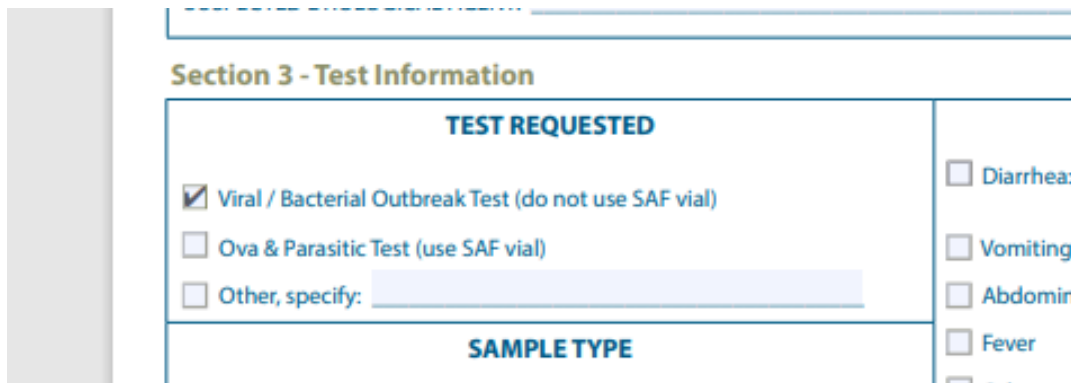
Filling out the Viral Gastrointestinal Disease Outbreak Requisition

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 MYSIS #

Weekends and stats the ICP will email the outbreak identification # along with the MYSIS #

- 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

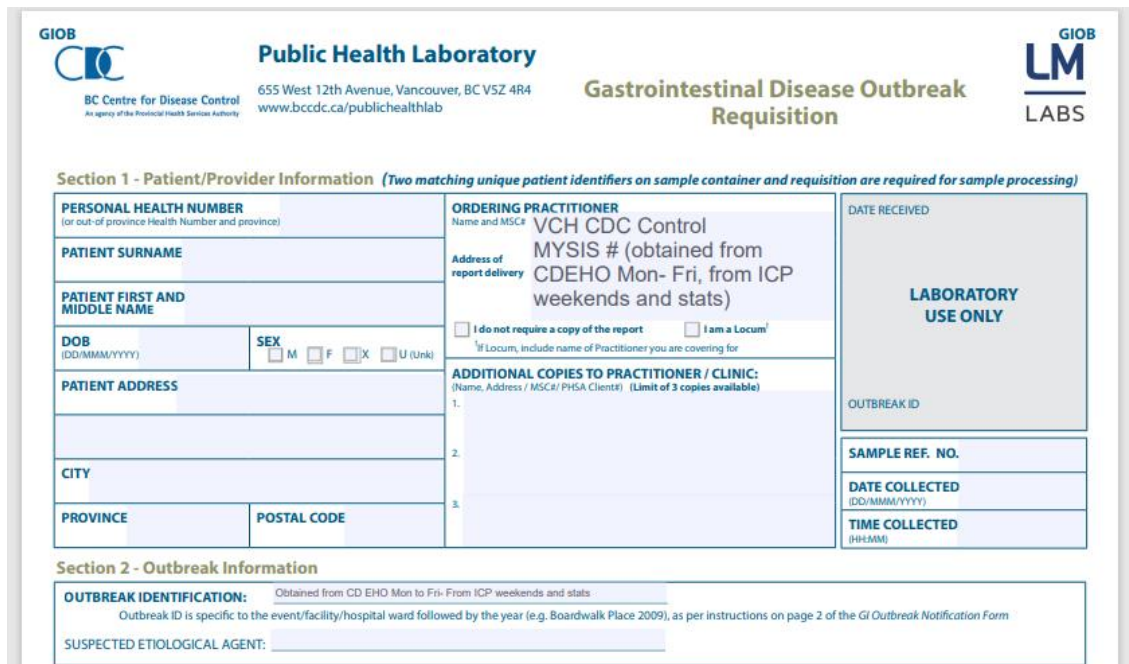


Section 3 - Test Information

TEST REQUESTED	
<input checked="" type="checkbox"/> Viral / Bacterial Outbreak Test (do not use SAF vial)	<input type="checkbox"/> Diarrhea:
<input type="checkbox"/> Ova & Parasitic Test (use SAF vial)	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Abdominal Pain
	<input type="checkbox"/> Fever

SAMPLE TYPE

- Include the VCH CDC MYSIS # as ordering practitioner (see below)



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

Gastrointestinal Disease Outbreak Requisition

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

Section 2 - Outbreak Information

OUTBREAK IDENTIFICATION: _____
Obtained from CD EHO Mon to Fri- From ICP weekends and stats
Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009), as per instructions on page 2 of the GI Outbreak Notification Form

SUSPECTED ETIOLOGICAL AGENT: _____