



THE UNIVERSITY OF BRITISH COLUMBIA

DEPARTMENT OF PEDIATRICS
DIVISION OF INFECTIOUS DISEASES



Canadian *Burkholderia cepacia* complex Research and Referral Repository
SAMPLE REQUISITION FORM

<p>SHIPPING ADDRESS Attn: James Zlosnik/Becky Hickman, CFRI CBCRRR Lab, A5-122, TRB 950 West 28th Ave Vancouver, BC, V5Z 4H4</p> <p>Phone: (604)-875-3665 or (604)-875-2469 Email: cbccrrr@cfri.ca</p>	<p>SHIPPING INSTRUCTIONS:</p> <p align="center">Please ship on a transport swab where possible</p> <p align="center">See our website for full instructions http://cupic.cfri.ca/research/cbccrrr.html</p> <p align="center">Where possible, please contact by email to notify a shipment.</p>
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<p>SENDING LABORATORY</p> <p>Hospital: Lab Contact: Email/Phone: Fax: Address:</p> <p>Report options: Mail or Fax</p>	<p>CYSTIC FIBROSIS CLINIC DETAILS</p> <p>Clinic contact: Email/phone: Fax: Address:</p> <p>Report options: Mail or Fax</p>
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Note: copies of the report will normally be sent to both the submitting microbiology laboratory and the cystic fibrosis clinic, unless this is a non-CF sample. We expect to be able to offer an electronic report option in the near future.

<p>PATIENT DETAILS</p> <p>Patient name: Gender: Patient Age/Date of Birth: Town: Diagnosis: CF or, non-CF: specify:</p>	<p>SAMPLE DETAILS</p> <p>Sample accession number: Date collected: Specimen source: (e.g. sputum/cough swab/throat swab/BAL/other, please specify)</p> <p>First BCC from patient or: repeat BCC</p>
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<p>TEST</p> <p>Note: we will routinely perform species identification and report this to the microbiology lab and CF clinic. All samples will be deposited into the repository and stored indefinitely. CF clinics will be provided with strain typing details against the rest of their population at a later date. Contact us if there is urgency.</p> <p>BCC species identification:</p> <p>Non-BCC species identification:</p> <p>Strain-typing against another sample: (if you select this, provide details in the comments box)</p>	<p>COMMENTS</p> <p>Note: strain typing against another sample would typically be selected where there were concerns regarding infection control. Please provide details and contact us for further information.</p>
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CBCRRR Use Only:					
Date/time received: _____	Initials: _____	Date ID complete: _____	Initials: _____	Date strain ID: _____	Initials: _____
Sample acceptable: _____		Species ID: _____		Strain ID: _____	
CBCRRR #: _____		Date report sent: _____		Date report sent: _____	