

## STREPTOCOCCUS INVESTIGATION SUBMISSION FORM

[ProvLab 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 ____
--	---

### #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 _____
Other (Specify): _____	<input type="checkbox"/> Case <input type="checkbox"/> Contact	
Please provide results of preliminary laboratory testing:		

**Provincial Laboratory for Public Health (Edmonton Site)**

Room 1B3.26 WMC University of Alberta Hospital  
8440-112 St. Edmonton, Alberta T6G 2J2  
Telephone: (780) 407-8937 Fax (780) 407-8268