

For Laboratory Use Only

PHO Laboratory	Date Received YYYY/MM/DD	Time HH:MM	Temperature (°C)	Condition	Initials
Receiving Lab					
Testing Lab					

1 - Submitter (stamps are permitted) Public Health Unit Name, No., and Address:	2 - Collection Details (Complete and check applicable boxes)
	Date Collected: YYYY/MM/DD Time Collected: HH:MM
	Submission Type: Pre-remediation Post-remediation
	Location: Food premises Health care facility Multi-unit building Personal service setting Recreational facility Single dwelling Other:
	Place of Collection Name:
	Address: Postal Code:
Collected by:	
Telephone: (###) ###-####	
Email:	
Comments:	

3 - Reason for Test Request (Complete and check applicable boxes)						
Outbreak #:				Investigation #:		
Confirmed Etiological Agent:				iPHIS Case ID #:		
Clinical Specimen Type:	Blood	Stool	Urine	Unknown	Not applicable	Other:

4 - Sample Details (Complete and check applicable boxes)				Grey Area for Laboratory Use Only	
Sender's Number	Sample Collection Site Describe the area sampled, and record the barcode number for water samples	Swab	Water	PHO Laboratory Sample Number	Results
					(Analysis)

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Date of Analysis: YYYY/MM/DD	Examined by:
Date Reported: YYYY/MM/DD	Authorized by:

Laboratory Stamp

The personal health information on this form is collected under the authority of the Personal Health Information Protection Act, 2004, s. 36(1)(c)(iii) for the purpose of environmental laboratory testing. If you have questions about the collection of this personal health information, please contact the PHO Laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. These results relate only to the sample(s) tested.

End of Report. 185-44 (07/2019).

Instructions for the Submission of Swab and Water Samples for Microbiology Testing

This requisition is ONLY to be used for investigations of laboratory confirmed microbiological clinical human infections. Environmental microbiology testing of the etiological agent will be performed on swab and non-regulated water sample(s) collected and submitted for these investigations. For sample collection and submission information, please refer to the [Public Health Inspector's Guide to Environmental Microbiology Laboratory Testing](#). Contact the Public Health Ontario (PHO) Laboratory prior to collecting environmental samples. Submit all swab and water samples to the closest PHO Laboratory as soon as possible after collection. Food samples must be submitted using the [Food Bacteriology Requisition Form](#). Water samples submitted for other purposes such as routine testing must be accompanied by the [Bacteriological Analysis of Water – Multiple Sample Requisition for Official Agencies](#).

1. Submitter:

- All fields are mandatory.

2. Collection Details:

- Complete the fields and check all applicable boxes.
- Select either pre-remediation or post-remediation for the submission type. Describe the collection location by selecting either food premises, health care facility, multi-unit building, personal service setting, recreational facility, single dwelling or other, and record the name of the location and address including street, rural route (if applicable), city, province and postal code.

3. Reason for Test Request:

- Complete the fields and check all applicable boxes.
- Confirmed Etiological Agent - the organism identified as causing illness as evidenced through epidemiological information and/or laboratory investigation.
- The Integrated Public Health Information System (iPHIS) Case identification number (ID #) is required to facilitate the linkage of clinical specimen(s) to the environmental sample(s). If the iPHIS Case ID # is not documented on the laboratory requisition, environmental testing will not proceed until the information has been obtained. Routine testing for clinical pathogens from swab and water samples in the absence of a confirmed clinical case is generally not performed.

4. Sample Details:

- Develop a sampling plan and identify which samples will be collected based on factors for consideration (sample type, epidemiological information, exposure details, etc.). Ensure all materials required are available before beginning sample collection. Label sampling bottles and vials using a permanent marker before sample collection and complete the requisition accordingly with: the area sampled and collection site information. Include the water bottle barcode numbers for water submissions. If there are more than 5 samples collected, complete another requisition.
- Sender's Number – a unique identifier used to designate samples - must be present on the sampling container and the requisition to prevent mismatching of samples.

5. Shipping Instructions:

- Ship all swab and water samples in containers with hard walls and lids secured in the closed position. Shipping containers must be labelled with the submitting organization, unique identifier and contents, e.g., ENVIRONMENTAL SAMPLES on the outside of the container. DO NOT SHIP WITH CLINICAL SPECIMENS. Shipping containers used for environmental samples should be dedicated to environmental samples only.

Public Health Ontario Laboratory

Customer Service Centre

7:30 am – 7:00 pm, Monday to Friday
8:00 am – 3:45 pm, Saturday

tel: 416.235.6556
toll free: 1.877.604.4567
fax: 416.235.6552
email: customerservicecentre@oahpp.ca

Emergency After-Hours Duty Officer

tel: 416.605.3113
website: www.publichealthontario.ca