



BRS requisition for diagnostic tests

Testing as per MRD-SOP-0016: Detection of *Clostridium botulinum* and its toxins

Please refer to [Health Canada's Botulism Guide for Healthcare Professionals](#)

All fields in this document are required

A. Submitting lab information: This is where reports will be directed.

Surname:		Given Name(s):	
Organization:			
Street Address:		Unit/Suite:	
City / Town:	Province / Territory:	Postal Code:	
Phone:	Fax:	Email:	

B. Attending physician information

Name:		
Phone:	Fax:	Email:

C. Patient information: Symptoms, case history, food history. Attach information as needed.

Surname:		Given Name(s):	
Date of Birth (YYYY/MM/DD):		Age:	Sex:
Symptoms:	Paralysis/hypotonia/general weakness Ptosis (drooping eyelids) Extraocular palsy Respiratory distress Diplopia and/or blurred vision	Dilated and fixed pupils Dysphagia (difficulty swallowing) Dysphonia (hoarseness/weak or lost voice) Dysarthria (slurred speech) Afebrile	Vomiting Diarrhea Constipation Other (specify):

Please include medical history including: antibiotic use, previous bowel surgery, Meckel's diverticulum, Crohn's disease. Attach information as needed.

Has antitoxin been ordered?	Has antitoxin been administered? Please indicate date and time.
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D. Specimen information: Specimen ID(s), specimen type(s), date/time collected. Attach information as needed.

Acceptable specimens include (but are not limited to): feces (stool, enema fluid, rectal swab, soiled diaper), gastric contents, serum and food.

Sample	Specimen ID	Specimen Type	Date/Time Collected

E. Shipping information

Instructions: Please contact BRS prior to shipping. Samples should be kept cool but not frozen (i.e. 4°C). Pack and transport as per TDG (ex: Instruction TC-125-1B). Samples are received Mon-Fri between 08:00 – 16:00 (EST).	Ship to: Botulism Reference Service 251 Sir Frederick Banting Driveway PL2204D Ottawa, Ontario K1A 0K9 P: 613-957-0885 F: 613-941-0280 24/7 Phone: 613-296-1139
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File Number: 151010
Conforms to:
ISO/IEC 17025: 2017

