

## Health Care Acquired Infection

### Approval form for Pulsed Field Gel Electrophoresis for *C. difficile*, VRE, MRSA

<b>Date</b> _____	<b>Telephone Number</b> _____
<b>Contact Person</b> _____	<b>Fax Number</b> _____
<b>Institution</b> _____	<b>Send Report To</b> _____
<b>Type of Sample</b> _____	<b>Number of Samples to be Sent</b> _____

#### Questions:

1. Suspected cluster or outbreaks?  Yes  No
2. Cases are epidemiologically linked?  Yes  No
3. Provide details: \_\_\_\_\_  
\_\_\_\_\_
4. Isolates are similar / identical  
 By antibiogram?  
 Biochemical tests?

(Samples will be accepted for PFGE if answer is yes to questions 1-4)

#### Instructions for submitting laboratory:

Isolates must be freshly grown on blood agar plates or slants and submitted together with a BCCDC Public Health Microbiology & Reference Laboratory Bacteriology and Mycology **requisition** for each isolate. Use the side requesting **Isolates Submitted for Identification**.

Patient Name:	PHN:	DOB:	Location:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If requesting additional samples for analysis, please append list to this form.

#### Comments:

#### INTERNAL USE ONLY

Approved by:  Yes  No

Dr. L. Hoang, Program Head, Bacteriology & Mycology Laboratory, BCCDC Public Health Microbiology & Reference Laboratory Bacteriology

OR

Medical Microbiologist on call, (Name): \_\_\_\_\_