Agence canadienne d'inspection des aliments

Bacterial Typing Centre Isolate Submission form for CFIA Labs

Metadata only (no isolates)

Submitter Information :										
Facility Name:						Contact Person / Phone Number:				
R.R. or Street Address:										
Shipping Information :										
Delivery Method: Date Shipped / emailed: Tra						cking Number for Shipment (Do not add spaces):				
Sample Information										
Sample Information: Sample Identification for CFIA Lab isolates:										
CFIA ID 20 □ FB □ RB (Leave blank)	LSTS Lab Nor Other Lab II	Number	Isolate	Organism Code	Home		Isolation Date	Type of Sample	Type Detail	Submission Sample Type
(LOUTO DIGITA)										
Legend: Please submit CHAS results for all STEC submissions with this submission form. Use the Comments box to add additional information. LIM=L. monocytogenes, SAL=Salmonella spp., ECT=E. coli O157, VIB=Vibrio spp., STEC=E. coli_Non-O157, OTH=Other bacterial spp. not listed When "OTH" is selected, please indicate the Genus (as a minimum) of the "OTH" bacteria in the comments section below.										
Comments or Additional Information:										
Submitter Confirmation:										
I verify that the isolate information has been prepared from the original sample submissions and that the details are accurately transcribed.										
Submitter Name (Please Print) & Signature of Submitter Date of Signature (yyyy-mm-dd)										
Bacterial Typing Centre Information (to be completed by the Bacterial Typing Centre):										
Received at Sequencing Centre (Date/Initials):						Sample ID information confirmed/verified (date/initials):				
Or Lab where sequencing performed (if not OLC):						Information added to Strain database (date/initials):				
LCD & Laboratory notified of Sample Receipt:										

Issue date: 2020-02-03

Instructions / Additional Information for populating the Submission Form:

The Bacterial Typing Centre Isolate Submission Form consists of 6 sections as follows: Header, Submitter Information, Shipping Information, Sample Information, Submitter Confirmation and a section for use by the Bacterial Typing Centre only.

Header Section:

Select either "Diagnostic" or "Non-Diagnostic" and submit only that isolate type on a single form. If sequencing is performed at the home lab, put a check in the "Metadata only (no isolates)" box as the metadata is required to produce a ROGA (Report of Genomic Analysis).

Submitter Information Section:

If the Contact Person/Phone Number pull-down menu does not contain an individual user, the user can input their name and phone number into the field directly. The form will be modified periodically to add new users and to remove users who no longer use the form.

Facility Name: Pull-down menu that includes the 6 laboratories in the CFIA food laboratories network

<u>Contact Information/Phone Number</u>: Pull-down menu that includes a list of contacts within the CFIA food laboratories network <u>R.R. or Street Address</u>: Pull-down menu that includes a list of addresses for the 6 laboratories in the CFIA food laboratories network

Shipping Information Section:

Delivery Method: Drop-down menu with frequently used couriers and other alternative delivery methods

<u>Date Shipped</u>: Calendar selection tool for input of the date the sample is shipped.

Tracking number for shipment (do not add spaces): User input for the Tracking number or bill of lading number for the sample

Sample Information Section:

The organism codes are noted in the legend at the bottom of the Sample Information Section of the form. Where isolates are submitted as STEC isolates, there is an additional request to submit CHAS results for these isolates with this form or separately if there's insufficient space to accommodate the CHAS results.

CFIA ID: This is the ID assigned by the Bacterial Typing Centre and should be left blank

LSTS Lab number or Other Lab ID: Input LSTS number without sub-number (unless required) or can be another Lab ID for Non-Diagnostic Isolate: Pull-down menu consisting of numbers 01 through 99 for identification of multiple isolates having the same LSTS number

Organism Code: Pull-down menu with organism codes (from LSTS) for the organisms being sequenced

Home Lab Isolate ID: Optional user input for additional home-lab isolate sub-identification

Isolation Date: Calendar selection tool for the date on which the isolate is positively confirmed from a sample submission

Type of Sample: Pull-down menu with (least resolution/granularity) options for type of submission (should be consistent with LSTS)

Type Detail: User input (higher resolution/granularity) option for further description of submission (should be consistent with LSTS)

Submission Sample Type: Pull-down menu with option for Diagnostic or Non-Diagnostic sample submissions

<u>Comments or Additional Information</u>: This is a user input area of the form to capture additional details or information that isn't captured adequately within the existing format of this form

Submitter Confirmation Section:

<u>Submitter Name</u>: User input option. Please print submitter name legibly <u>Submitter Signature</u>: User input option. Signature of the submitter

<u>Date of Signature</u>: User input option. Please date the form using CFIA standard date format (YYYY-MM-DD)

Bacterial Typing Centre Information (to be completed by the Bacterial Typing Centre):

This section of the form is for the exclusive use by the Bacterial Typing Centre and is used for administrative functions

Contact / Shipping Address: Ray Allain / (613) 759-1255

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