Canadian Food Inspection Agency   **Agence canadienne d'inspection des aliments**

Bacteria Typing Centre Isolate Submission form for CFIA Labs

Submitter Information :	
Facility Name:	Contact Person / Phone Number:
R.R. or Street Address:	

Shipping Information :		
Courier:	Date Shipped:	Tracking Number for Shipment (Do not add spaces):

Sample Information:

Sample Identification for CFIA Lab isolates:

OLC CFIA ID (Leave blank)	LSTS Lab Number or Other Lab ID	Organism Code	Isolate Sub-ID	Isolation Date	Type of Sample	Type Detail	Submission Sample Type	Sample Priority

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

Comments or Additional Information:

Submitter Confirmation:

I verify that the list of samples from original submissions have been prepared and submission details (meta-data) is 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): _____/___
LCD & Laboratory notified of Sample Receipt: _____/____	Information added to Strain database (date/initials): _____/____

Instructions / Additional Information for populating the Submission Form:

The Bacterial Typing Centre Isolate Submission Form consists of 5 sections as follows: Submitter Information, Shipping Information, Sample Information, Submitter Confirmation and a section for use by the Bacterial Typing Centre only.

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

Shipping Information Section:

Courier: Pull-down menu with the most frequently used couriers. Additional couriers may be added to the field by the user
Date Shipped: 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.

OLC CFIA ID: This is the ID assigned by the Bacterial Typing Centre and should be left blank
LSTS Lab number or Other Lab ID: User input of the LSTS number (including sub-number) or can be another Lab ID (research isolates)
Organism Code: Pull-down menu with organism codes (from LSTS) for the organisms being sequenced
Isolate Sub-ID: Pull-down menu consisting of letter-codes "A" through "J", allowing for up to 10 sub-ID's
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)
Sample Submission Type: Pull-down menu with option for Regulatory sample submission or Research sample submission
Sample Priority: Pull-down menu consisting of 4 choices: Routine, High, Unknown, or Not Applicable_Research (N/A_Res)
Comments or Additional Information: 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:

Submitter Name: User input option. Please print submitter name legibly
Submitter Signature: User input option. Signature of the submitter
Date of Signature: 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