

January, 2009

Please Post

TORONTO INVASIVE BACTERIAL DISEASES STUDY (TIBDN)

Please contact the study office AND
SHIP isolates of :

- *S. pneumoniae*, sterile and respiratory sites (sputum, ETT, bronchoscopy specimens) – from all postal code regions †
- *Group B streptococcus* sterile site isolates from patients < 15 years old
- *Group A streptococcus* from sterile sites *

Please contact the study office only
– DO NOT SHIP – isolates of:

- *Group B streptococcus* from patients > 15 years old
- *N. meningitides* (Blood and CSF) all postal code regions
- Laboratory confirmed *Influenza*

Other specimens to be shipped:

- † Previously submitted urine, if available, from patients with *S. pneumoniae* (may be frozen in freezer vials until shipping)
- * Previously submitted whole blood in EDTA or heparinized tubes for patients with Group A Strep from sterile sites

CALL THE STUDY OFFICE

416-586-3141 within Metropolitan Toronto

OR

1-800-668-6292 outside the Metropolitan area

We will require the following information:

1. *Your name and telephone number*
2. *Hospital name*
3. *Patient's name and postal code*
4. *Patient's date of birth and home phone number*
5. *Date and site cultured Name and phone number of attending physician If you get our voice mail, please leave this information. Someone will call you back as quickly as possible with a study code.*