PHN

Accession #:

Microbiology Requisition

LABORATORY MEDICINE AND PATHOLOGY
Client Response Centre (780) 407-7484
CAPITAL HEALTH REGION LABORATORIES
DYNACARE KASPER MEDICAL LABORATORIES

Patient Legal Name (Last) (First) (Initial) DOB

Address
,

☑ Copies to:
Location: , , ,
☐Fax Report
Fax #

Chart # Patient Phone # Lab #

Bill Type CPL ☐Alberta Health Care
OR
CO ☐ Company OT ☐ Out of Prov
XX ☐ Pre-Paid PB ☐ Patient Bill
Co. Name
Address
Client #

Ordering Physician

Physician Code
_____

Ordering Address

Report Location Code

Report Address if different

Specimen Event Type
IP ☐ IN PT
OP ☐ OUT PT
AP ☐ AMBUL
HC ☐ HMCARE
ST ☐ STAFF
EN ☐ ENVIRON

☐ **STAT** Gram Stain
(must provide phone number)
ANTIBIOTICS? (Specify)
☐ IN USE ☐ FINISHED ☐ PENDING

Date specimen collected

Time (24 h)

Collected by

Coll. Loc.

***CLINICAL INFORMATION / HISTORY**

IBD Flare with diarrhea and bleeding

BLOOD AND OTHER STERILE BODY FLUIDS

BLDC ☐ blood culture ☐ aerobic ☐ anaerobic ☐ peds
☐ peripheral ☐ central site _____
CSFC ☐ CSF culture
☐ bone marrow culture ☐ TB culture
FLDC ☐ fluid culture (specify) ☐ viral culture
_____ ☐ other _____

EYES AND EARS

EYES ☐ left ☐ right ☐ external eye (conjunctiva)
EYEC ☐ bacterial culture ☐ cornea
☐ Chlamydia trachomatis ☐ other (specify)_____
☐ other (specify) _____
EARS ☐ left ☐ right ☐ middle ear drainage/swab
EARC ☐ bacterial culture ☐ external canal
FUNC ☐ fungal culture ☐ T-tube in place
☐ other (specify)_____ ☐ recent surgery

**Relevant clinical history / therapy (give details above)*

GASTROINTESTINAL TRACT SPECIMENS

FECC ☒stool culture **SPECIMEN**
CDT ☒Clostridium difficile toxin ☐ feces
OAP ☐ ova and parasites* ☐ other _____
PINW ☐ pinworm examination

**Relevant clinical history and Travel (give details above)*

GENITAL TRACT SPECIMENS

VAGINA
VAGC ☐ bact. vaginosis / vaginitis (swab ± smear)
WETM ☐ Trichomonas vaginalis (swab)
VAGC ☐ culture for other organisms

CERVIX
GENC ☐ GC culture
GENC ☐ culture for other organisms
(clinical info required)

VAGINAL/RECTAL
STBC ☐ group B strep screen
(pregnant only)

VULVA
GENC ☐ culture
☐ H. ducreyl culture
(submit in special TM)

URETHRA
DEG ☐ smear
GENC ☐ GC culture
GENC ☐ culture for other organisms
(clinical info required)

PENIS (EXTERNAL)
GENC ☐ culture
☐ H. ducreyl culture (submit in special TM)

☐ pregnant
☐ intra partum
☐ post partum
☐ post surgical
☐ PID
☐ IUD in place
☐ STD
☐ other
_____

**Relevant clinical history / antibiotic therapy (give details above)*

RESPIRATORY TRACT SPECIMENS

THRC ☐ throat – routine culture
ORAC ☐ mouth culture (yeast only)
NASC ☐ nose culture (S. aureus carrier only)
BPC ☐ nasopharynx culsture (for b. pertussis) (swab, suction, smear)
☐ other (specify) _____
LOWER RESPIRATORY TRACT
RESC ☐ bacterial culture ☐ sputum expectorated
AFBC ☐ mycobacterial culture(TB) ☐ ETT suction
☐ other ☐ bronchial wash (for BAL or PSB, use Bronch requisition)
_____

**Relevant clinical history / Antibiotic therapy (give details above)*

URINARY TRACT SPECIMENS

URC ☐ bacterial culture **SPECIMEN**
☐ viral culture ☐ MSU
☐ other _____ ☐ catheter – indwelling
CLINICAL INFORMATION ☐ catheter – intermittent
☐ dysuria ☐ recent GU surgery ☐ cystoscopy
☐ frequency ☐ kidney transplant ☐ other (specify)
☐ pyuria ☐ other (specify) _____
_____

**Relevant clinical history / Antibiotic therapy (give details above)*

WOUNDS/SKIN/ABSCESSES/SURGICAL SPECIMENS/TISSUES

SITE (specify) _____ **SPECIMEN**
☐ bacterial culture ☐ swab
FUNC ☐ fungal culture / KOH ☐ fluid
☐ other _____ ☐ tissue
☐ skin scrapings
CLINICAL INFORMATION ☐ biopsy
☐ abscess ☐ deep ≥ 2 cm ☐ bone chips
☐ ulcer ☐ superficial < 2 cm ☐ IV catheter tips
☐ wound ☐ chronic infection ☐ foreign body
☐ surgical ☐ compromised host _____
☐ trauma ☐ other (specify)
☐ bite _____

**Relevant clinical history / Antibiotic therapy (give details above)*

OTHER SPECIMENS/TESTS/SPECIAL REQUESTS

SITE (specify) _____ SPECIEN (type) _____
CHLC ☐ Chlamydia trachomatis culture ☐ viral culture
☐ Chlamydia trachomatis antigen ☐ H. simplex virus antigen
☐ Chlam. pneumoniae culture (external genital lesions only)
☐ Legionella culture ☐ Buffy coat (CMV Ag)
☐ Mycoplasma pneumoniae culture ☐ Other test(s)
☐ Genital mycoplasma culture (specify)_____

Laboratory Use Only
UC ☐ urine collection Micro ACC #
VP ☐ venipuncture _____
NCL ☐ not collected by lab