MICROBIOLOGY REQUEST FORM (2017)

Provincial Clinical Laboratory

Queen Elizabeth Hospital ***Prince County Hospital***
Charlottetown, PEI ***Summerside, PEI***
Phone (902) 894-2312 ***Phone (902) 438-4287***
Fax (902) 894-2120 ***Fax (902) 438-4281***
Website:http://www.healthpei.ca/src/microbiology

Address for Non-PEI Residents Required

Name: _____

Street: _____ **Place Label Here**

City: _____ Prov./State: _____

Postal Code/Zip: _____

Specimen Collected: *MMM/DD/YYYY and HH:MM*

☐ **RUSH** ☐ **CONSULT MICROBIOLOGIST**

Relevant Clinical Information:
Current Antibiotics:

DOB:MMM-DD-YYYY | Sex | Medical Record Number (MRN)

Payment Responsibility

☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian

Provincial Medicare # exp. date:

Ordering Physician/NP | Contact Info | Copies | Facility and Unit

Blood Cultures

Aerobic & Anaerobic Set ☐ X1 ☐ X2	☐ Peripheral Specify Site:_____ ☐ Central Line Type and Lumen:_____ ☐ Other: *Specify*
Mycobacterium & Fungus	
Paediatric	

Sterile Body Fluids

Bacterial Culture	☐ Pleural Fluid ☐ Peritoneal Fluid ☐ Peritoneal Dialysis Fluid ☐ Bursa Fluid Specify Site: _____ ☐ Synovial Joint Fluid Specify Joint:
Mycobacterium (TB)	
Fungal Culture	
Other: *Specify*	

Antibiotic Resistant Organism Screen

MRSA Screen	☐ Nasal ☐ Perianal ☐ Other: *Specify*
MRSA Decolonization	
VRE | ESBL | CRE	

Eyes and Ears

Bacterial culture	Eye ☐ Left ☐ Right
Other: *Specify*	Ear ☐ Left ☐ Right

Gastrointestinal Tract

Bacterial Culture	*H. pylori* ☐ Off inhibiting agents
C. difficile	Giardia/Crypto Antigen Screen
Rotavirus and Adenovirus	☐ Stool for Microscopy (Indications) ☐ Immune def. ☐ Farm ☐ Travel to:
Norovirus PCR "Norwalk"	

Genital Tract

BV	Vaginal Screens For *Trichomonas spp.* Please contact lab
Yeast	
Lactobacilli	
Herpes PCR (Viral Swab)	
Group B (Vaginal/Rectal)	

☐ Post Procedure Culture Source:_____
Date of procedure/Delivery: *MMM/DD/YYYY*

Prepubital (< 13 y) Vaginal Culture

☐ Chlamydia spp./ Neisseria Gonorrhea DNA	☐ Endocervix ☐ Urethra ☐ 1st Voided Urine

☐ Gonococcal Culture - For known positives, very high risk, sexual assault, or extra genital samples, Please contact Lab for instructions

Upper Respiratory

Bacterial Culture	☐ Throat ☐ CF Throat
Yeast Screen	☐ Mouth/Oral

Lower Respiratory

C&S	☐ Sputum ☐ CF Sputum ☐ Endotracheal Suction ☐ Bronchial Washings ☐ BAL ☐ Other: *Specify*
Mycobacterium (TB)	
Fungus	
Legionella	

Respiratory PCR

Herpes PCR	☐ Throat ☐ Mouth ☐ Other: *Specify*
Pertussis PCR	☐ Nasopharyngeal Swab ☐ Other: *Specify*
Influenza/RSV PCR	☐ Nasopharyngeal Swab ☐ Nasopharyngeal Aspirate ☐ BAL ☐ Bronchial Washings
Viral Respiratory Panel	
Chlamydophila spp./ Mycoplasma spp. PCR	☐ Throat (Regular or Viral Swab)

Urinary Tract Culture C&S ☐ Gram Stain Add-on

Midstream ***Initial of RN/MD:***	**Special Processing Factors** ☐ Pregnancy ☐ Repeat Request by Lab ☐ Failed Initial Therapy ☐ Followed by a Urologist ☐ Yeast Suspected ☐ Long term Care ☐ Fosfomycin - Susceptibility Request
Midstream Not Successful (Screen only - Includes sterile bed pans)	
Catheter Urine's ☐ Fresh (24 hrs) or In and Out ☐ Indwelling (<14 days) ☐ Indwelling (≥14 days)	
Other: *Specify*	

Miscellaneous (Tissue, Wound, Ulcer, Skin and Central Lines)

Bacterial Culture (C/S)	☐ Tissue Biopsy of_____ located on or in_____ ☐ Wound Swab: ☐ Deep ☐ Bite ☐ Post-debridement Site:_____ ☐ Ulcer ☐ Diabetic ☐ Pressure Site:_____ ☐ Skin: *Description and site* ☐ Central Line tip: *Site*
Anaerobes	
Herpes PCR (Skin)	
Fungal Culture	
Mycobacterium (TB)	
Yeast Screen	
Other: *Specify*	

Additional Requests ***(Specify site and specimen and please contact lab for special instructions and availability)***

Please See Over for Serology and Molecular Requests

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Specimen Collected By	**Date and time** *MMM/DD/YYYY and HH:MM*	**DOB: MMM-DD-YYYY**	Sex	Medical Record Number (MRN)
☐ **RUSH** ☐ **CONSULT MICROBIOLOGIST** (**For STAT: Write STAT & Phone/Page**)		**Payment Responsibility** ☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian Provincial Medicare # exp. date:		

Ordering Physician /NP	Copies	Facility and Unit

INFECTIOUS DISEASE SEROLOGY AND RELATED MOLECULAR TESTING (Collect Max: 3-4 Red Top Tubes)

Viral Hepatitis Tests

HAV/HBV Vaccination in last 4 weeks ☐ Yes

- ☐ Hepatitis A IgM Antibody (Acute Infection) ***Hep E also available***
- ☐ Hepatitis A IgG Antibody (Immune Status)
- ☐ Hepatitis B Surface Antigen (Acute Infection)
- ☐ Hepatitis B Surface Antibody (Immune Status)
- ☐ Hepatitis B Total Core (IgG/IgM)
- ☐ Hepatitis B Viral Load
- ☐ Hepatitis B Other: *Specify*
- ☐ Hepatitis C Antibody
- ☐ Hepatitis C Viral Load Treatment Start:

General Serology

- ☐ Mycoplasma IgM Antibody
- ☐ HIV Ag/Ab Screen
- ☐ HIV Viral Load (EDTA - purple top tube)
- ☐ Syphilis Screen
- ☐ CMV IgM
- ☐ CMV IgG
- ☐ EBV Serology - Acute Mononucleosis = Mono Screen & EBNA
- ☐ EBV Serology - Transplant Work up
- ☐ HTLV I & II
- ☐ Toxoplasmosis IgM
- ☐ Toxoplasmosis IgG
- ☐ Zoonotic Serology: *Specify*

Viral Exanthema

- ☐ Measles IgG (Immune Status) ***See below for Measles PCR***
- ☐ Rubella IgG (Immune Status)
- ☐ Varicella Zoster IgG (Immune Status) **Pregnant & New Exposure = STAT**
- ☐ Parvovirus Serology Specify Trimester ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester

Measles, Mumps, CMV Molecular testing

- ☐ Measles PCR (Nasopharyngeal swab, Viral Throat Swab, Urine)
- ☐ Mumps PCR (Deep Oral Viral Swab, Urine if orchitis present)
- ☐ CMV PCR (EDTA - purple top tube)

Please See Over for Culture Requests

Serology Panels

- ☐ Needlestick Exposed = HbsAg, HbsAb, HCV and HIV
- ☐ Needlestick Follow Up (≥3 Mths.) = HbsAg, HbsAb, HCV and HIV
- ☐ Needlestick Source = HbsAg, HCV and HIV ***"Page QEH Micro"***
- ☐ Prenatal Serology = HbsAg, HIV, Rubella IgG and Syphilis

Bacterial Immunology (Requires Paediatrician or Microbiologist Approval)

- ☐ Tetanus Toxoid
- ☐ Diphtheria Toxoid
- ☐ *Streptococcus pneumoniae* Serology

Travel and Tropical Serology and Related Testing (Requires Detailed Exposure & Clinical History Below)

Clinical Information:

☐ **Current Fever** ☐ **Current Rash ≥5 cm** ☐ **Pregnant**
☐ **IVF Treatment** ☐ **Other:**

Relevant Travel
Where: **When:**

- ☐ Zika Virus (Must meet National Requirements for Testing - See website for details)
- ☐ Arbovirus Serology Panel = Zika,Chikugunya, Dengue
- ☐ Arbovirus Other: *Specify*
- ☐ Strongyloidiasis Serology
- ☐ Schistosomiasis Serology
- ☐ Other National Reference Centre for Parasitology Serology Specify:
- ☐ Helminth "Parasitic Worm" Identification
- ☐ Pinworm Paddle

Tick Bite
Duration: ☐ **<36 hrs** ☐ **≥36 hrs** ☐ **Unknown**

- ☐ Tick or other Arthropod Identification (Removed from Patient's Skin)
- ☐ Lyme Disease Serology

Special Requests (Please call QEH Laboratory for availability)