MICROBIOLOGY REQUEST FORM (2021)

Provincial Clinical Laboratory

Website: https://src.healthpei.ca/microbiology

Address for Non-PEI Residents Required

Name: _____

Street: _____

City: _____ Prov./State: _____

Postal Code/Zip: _____ Patient Phone # _____

Specimen Collected	Payment Responsibility
By: Date: YYYY/MMM/DD Time: HH:MM	☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian Provincial Medicare # exp. date:

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

Ordering Physician/NP	Location	Copies (Full name required. Fax# required for out of province providers)
FIRST & LAST NAME		

MICRO REQ

SKIN WOUNDS/TISSUE/STERILE BODY FLUIDS

Skin Wound

☐ **Anaerobes add on**
☐ **Deep/Foul Smelling Infection**
☐ **Collected using sterile prep**

☐ Bacterial/Candida Culture	☐ Wound ☐ Abscess ☐ Ulcer ☐ Surgical ☐ Bite ☐ Post Surgical ☐ Post Debridement Body site:

Tissue

☐ Bacterial Culture	Body site:
☐ Fungal Culture	
☐ Mycobacterium (TB)	

Catheter Tip

☐ Bacterial/Candida Culture	Catheter location:

Sterile Body Fluids

☐ Bacterial/Candida Culture	☐ Pleural Fluid (Initial) ☐ Peritoneal Fluid ☐ Peritoneal Dialysis Fluid ☐ Bursa Fluid: Specify ☐ Synovial Fluid: Specify ☐ Other: Specify
☐ Fungal Culture	
☐ Mycobacterium (TB)	
☐ Other: Specify	

GENITAL TRACT

☐ BV	Vaginal Screens
☐ Yeast	
☐ Group B	Vaginal/Rectal
☐ Prepubital (<13y) Bacterial Culture	Vaginal

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

☐ Gonorrhea Culture - For known positives, very high risk, sexual assault, or extra genital samples. Please contact the Lab for special charcoal swab. Refer to Molecular Detection

DERMATOPHYTES

☐ **Tinea versicolor suspected (*Malassezia sp.*)**

☐ Fungal culture for Dermatophytes	☐ Skin ☐ Hair ☐ Nail Body site:

MICRO REQ

MUCOUS MEMBRANES

Antibiotic Resistant Organism

☐ MRSA Screen	☐ Nares ☐ Perianal ☐ Other: Specify
☐ MRSA Decolonization	
☐ VRE	☐ Rectal ☐ Stool
☐ CRE	Rectal

Throat ☐ **CF Protocol**

☐ Throat Culture	

Mouth/Gingiva/Tongue

☐ Candida Screen	

Routine Eye ☐ **Left** ☐ **Right**

☐ Bacterial Culture	Conjunctival swab

Invasive Eye

☐ Bacterial Culture	☐ Vitreous/Aqueous Fluid ☐ Corneal scraping/ulcer ☐ Orbital fluid ☐ Other: Specify
☐ Fungal Culture	

Ear ☐ **Left** ☐ **Right**

☐ Bacterial/Candida Culture	☐ Ear Swab ☐ Ear Fluid
☐ Fungal Culture	

Lower Respiratory ☐ **CF Protocol**

☐ Bacterial Culture	☐ Sputum ☐ Endotracheal Secretions ☐ Bronchial Washings ☐ BAL ☐ Other: Specify
☐ Mycobacterium (TB)	
☐ Fungal Culture	
☐ Legionella	

Nose/Nasal

☐ *S.aureus* screen (not for infection control purposes)

Additional Requests (Specify site and specimen)

Please See Over for Urine, Stool and Molecular Requests

101038.0005

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Diagnosis	DOB: YYYY/MMM/DD	Sex	Medical Record Number (MRN)

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MICRO REQ

URINARY TRACT CULTURE C&S

☐ Midstream	Special Processing Factors: ☐ Pregnancy ☐ Long Term Care ☐ Repeat request by Lab ☐ Recent or current Antibiotic Specify
☐ Indwelling catheter (<14 days)	
☐ Indwelling catheter (>14 days)	
☐ In & Out catheter	
☐ Cystoscopic	
☐ Sterile bed pan (not recommended)	
☐ Other: Specify	

GASTROINTESTINAL TRACT

STOOL FOR BACTERIA

☐ Bacterial Culture	Cary Blair Container
☐ *C. difficile* Toxin Panel	Plain Stool Container
☐ *H. pylori* Antigen	Plain Stool Container

STOOL FOR VIRUSES

☐ Enteric Virus Panel (Norovirus, Adenovirus, Rotavirus, Sapovirus & Astrovirus)	Plain Stool Container

STOOL FOR PARASITES

☐ Giardia/Crypto Ag Screen	SAF Container
☐ Other: Specify	

MOLECULAR DETECTION

☐ Chlamydia/Gonorrhea PCR	☐ Endocervix ☐ Vaginal ☐ 1st Voided Urine
☐ Trichomonas PCR	
☐ Varicella Zoster/ Herpes PCR	Lesion Site (Viral Swab): Specify
☐ Pertussis PCR	NP Swab
☐ Influenza/RSV PCR	☐ NP Swab *preferred ☐ NP Aspirate ☐ BAL ☐ Bronchial Washings
☐ Respiratory PCR Panel	
☐ Mumps PCR	☐ Parotid Gland/Deep Oral ☐ Urine
☐ Measles PCR	☐ NP Swab ☐ Urine
☐ Chlamydophila/ Mycoplasma (Respiratory)	Throat swab (Viral Swab)
☐ Ureaplasma/ Mycoplasma PCR (Genital)	☐ Urine ☐ Genital swab (Viral Swab) Specify Site:

PARASITES

☐ Pinworm Paddle	☐ Other: Specify
☐ Scabies	
☐ Helminth "Parasitic Worm" Identification	Note: Ticks no longer accepted

MICRO REQ

Special Requests

Please see over for Skin Wounds,Genital Tract and Mucous Membranes

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