

Guide to Laboratory Services



Health PEI

ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

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Hours of Operation

Queen Elizabeth Hospital

Outpatients/Venipuncture

Monday to Friday 7:00am to 3:15pm

Inpatient Collections

Nursery

7 days a week: 7:00am/12:30pm/6:00pm

Units

Monday to Friday: (6:00/7:00/7:30)am/12:30pm

Saturday: 7:30am

Sunday / Stat Holidays: 7:30am Pediatrics

Capillary Collections only

Urgent Requests

24 hour coverage:

Nursery Capillary Collections (call 2324 Chemistry)

Pediatrics/Emergency Capillary Collections (call 2332 Hematology)

Chemistry

24 hours a day / 7 days a week

Hematology

24 hours a day / 7 days a week

Immunology

Monday to Friday 8:00am to 4:00pm

Cytology

Monday to Friday 8:00am to 4:00pm

Microbiology

7 days a week 8:00am to 4:00pm

On call coverage: 4:00pm to 8:00am

Blood Transfusion Services

Monday to Friday 7:30am to 11:30pm

On call coverage: 11:30pm to 7:30am

Weekends / Holidays 8:00am to 11:30pm

On call coverage: 11:30pm to 8:00am

Anatomical Pathology

Monday to Friday 8:00am to 4:00pm

Autopsy Services

Monday to Friday 8:00am to 12:00am (off hours in special circumstances after consultation with pathologist)

Souris Hospital

Outpatients/Venipuncture

Monday to Friday 8:00 to 3:30pm

Inpatient Collections

Monday to Saturday 7:30am

Lab

Monday to Friday 7:00am to 4:00pm

Urgent Requests/On Call

Weekends & Holidays 24 hours

NOTE: Reduced service on weekends and holidays. Only urgent / STAT specimens should be sent to the laboratory.

Prince County Hospital

Outpatients/Venipuncture

Monday to Friday 7:30am to 3:30pm

Appointments required.

Inpatient Collections

7 days a week: 7:00am/12:30pm/4:00pm

Urgent Requests

24 hour coverage

Chemistry/Hematology/Blood Transfusion

24 hours a day / 7 days a week

Microbiology

7 days a week 8:00am to 4:00pm

Anatomical Pathology

Monday to Friday 7:00am to 3:00pm

Community Hospital

Outpatients/Venipuncture

Monday to Friday: 8:00am to 3:30pm

On call coverage:

Monday to Friday: 4:00pm to 8:00am

Weekends/Holidays: 24 hour coverage

Western Hospital

Outpatients/Venipuncture

Monday to Friday: 8:00am to 3:30pm

On call coverage:

Monday to Friday: 4:00pm to 8:00am

Weekends/Holidays: 24 hour coverage

Kings County Memorial Hospital

Outpatients/Venipuncture

Monday to Friday 8:00 to 4:00pm

Inpatient Collections

Monday to Friday 7:00am/1:30pm

Weekends/Holidays 7:30am

Lab

Monday to Friday 6:30am to 11:00pm*

(*Evening Shift: as staffing permits)

Weekends/Holidays 7:00am to 3:00pm

Urgent Requests/On Call

Monday to Friday 11:00pm to 6:30am

Weekends/Holidays 3:00pm to 7:00am

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Telephone Directory

For information concerning laboratory tests:

Please refer to the Laboratory Information Manual or telephone the respective laboratory.

Queen Elizabeth Hospital

(902)	
Laboratory	894-2300
Supplies/Orders	894-2314
Blood Transfusion Fax	894-2415
Central Accessioning Fax	894-2183
Laboratory Office Fax	894-2385
Microbiology Fax	894-2120

Community Hospital

(902)	
Main Switchboard	859-8700
Laboratory	ext 150
Laboratory Fax	859-3913

Kings County Memorial Hospital

(902)	
Main Switchboard	838-0777
Laboratory Office	838-0757/0873
Laboratory	838-0660
Laboratory Fax	838-0746

Note: If you have access, please consult the Clinical Information System (Cerner) before calling for test results. Faxed reports will only be sent to pre-approved, secure sites.

Prince County Hospital

(902)	
Anatomical Pathology	438-4288
Chemistry	438-4285
Hematology / Transfusion	438-4286
Laboratory Office	438-4280
Laboratory Office Fax	438-4281
Microbiology	438-4287
Parcel Room	438-4283

Western Hospital

(902)	
Main Switchboard	853-8650
Laboratory	ext 217
Laboratory Fax	853-0245

Stewart Memorial

(902)	
Main Switchboard	831-7900

Souris Hospital

(902)	
Main Switchboard	687-7150
Laboratory	ext 247
Laboratory Fax	687-7174

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Scheduling Appointments

NOTE: Please advise patients of the following:

- All clients **must** register with Admitting / Registration before proceeding to collection area.
- Arrive a few minutes prior to your scheduled appointment time(s).
- Bring your lab requisition and Provincial Healthcare Card.

Queen Elizabeth Hospital

Most laboratory collection requests will be handled through Special Services (Venipuncture) with no appointment necessary.

Appointments need to be booked for the following requests:

Sweat chlorides 894-2324 (Chem)
Paternity Testing 894-2064
Glucose Tolerances 894-2138 (VP)
IGRA Testing 894-2310 (Microbiology)

Prince County Hospital

Appointments have to be booked for **all** laboratory requests.

Contact Lab Office 438-4280 to book appointments.

For Bone Marrows, call Hematology at 438-4286.

For Sweat Chlorides, call Chemistry (QEH) at 894-2324.

Kings County Memorial, Souris, Western, Community

All laboratory procedures are on a walk in basis.

Requests for Faxed Reports

NOTE:

- If you have access, please consult the Clinical Information System (Cerner) before calling for test results.
- Faxed reports will only be sent to pre-approved secure sites during regular business hours. *Exceptions:* Reports for those patients/tests requiring urgent notification will be provided after hours

To handle your call we require the following information:

- Name of calling location (physician office, clinic, nursing unit, hospital)
- Name of caller
- Contact phone number & fax number
- Health Card Number of patient (MRN/PHN)
- First and last names of patient
- Sample collection date if known (or approximate)
- Test name if the inquiry is regarding a specific test

To request results by fax, please call the following numbers:

Queen Elizabeth Hospital:

Laboratory 894-2300

Prince County Hospital:

Laboratory Office 438-4280

Community Hospital:

Laboratory 859-8700 ext 150

Western Hospital:

Laboratory 853-8650 ext 217

Kings County Hospital:

Laboratory 838-0757

Souris Hospital:

Laboratory 687-7150 ext 247

Stewart Memorial:

Main Switchboard 831-7900

Responsibilities of the Client

1. Positive identification of the Patient.

Step	Action						
1	Reception: Request the patient's health card and validate it against their chart/record. Verify <ul style="list-style-type: none"> • Spelling of the last name and given names of the patient • MRN (Medical Record Number) • Current health insurance • Date of birth NOTE: IF THERE ARE ANY DISCREPANCIES, GO BY THE CURRENT PROVINCIAL HEALTH CARD. HAVE THE PATIENT CONTACT MEDICARE IF CHANGES ARE NECESSARY.						
2	Call the patient to the phlebotomy room by first and last name.						
3	Ask patient to identify himself / herself by first and last name and date of birth. <ul style="list-style-type: none"> • The name and date of birth must match the requisition form 						
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If</th> <th style="text-align: left;">Then</th> </tr> </thead> <tbody> <tr> <td>The patient is a child</td> <td>Ask the parent or adult accompanying the child to identify him or her in the same way.</td> </tr> <tr> <td>There are any discrepancies in first and or last name or date of birth</td> <td>Have patient return to Reception to make necessary corrections.</td> </tr> </tbody> </table>	If	Then	The patient is a child	Ask the parent or adult accompanying the child to identify him or her in the same way.	There are any discrepancies in first and or last name or date of birth	Have patient return to Reception to make necessary corrections.
If	Then						
The patient is a child	Ask the parent or adult accompanying the child to identify him or her in the same way.						
There are any discrepancies in first and or last name or date of birth	Have patient return to Reception to make necessary corrections.						
4	Proceed with specimen collection.						

2. Correct patient preparation, specimen protocol and specimen container.
3. Correct labeling of specimen and requisition (including date and time).
IN CASES WHERE THERE IS INCOMPLETE PATIENT IDENTIFICATION ON THE SPECIMEN LABEL AND/OR REQUISITION (EXAMPLE: WHEN A NAME IS TOO LONG FOR THE LABEL) THE MISSING INFORMATION MUST BE HAND WRITTEN.
4. Must sign requisition **and** specimen following collection of BTS specimens.

The quality of the laboratory test result is dependent on the quality of the specimen submitted for analysis.

It is important that:

- Patient is properly prepared
- Proper type of specimen is collected
- Specimen is sufficient in amount and satisfactory in quality
- Specimen is properly labeled
- Specimen is transported properly and received by lab in a timely manner

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Completing a Requisition

Each requisition should contain the following information:

1. Last name and given names of patient as it appears on their current Provincial Health Card (PHC).
2. Correct Medical Record Number (MRN) / Provincial Health Number (PHN)
 - In certain cases the MRN may be replaced by another unique numerical identifier (Example: RCMP number, military number, provincial health number – province **must** be identified and expiry date must be included)
 - Date of birth is not acceptable as an identification number
3. Sex and date of birth of patient.
4. Date and time of collection.
5. Sample type and source (where applicable). Example: Urine midstream for C&S.
6. Requisitions for specimens requiring priority handling **must** be clearly marked as **STAT** or **ASAP**.
7. Analyses requested.
8. Diagnostic or relevant clinical information pertinent for the interpretation of the results.
9. Location to which results are to be forwarded:
 - Department, Unit, Office, Nursing Home, etc.
 - Complete name(s) of providers (ordering physician, consulting physicians, NP, etc)
 - Updated fax/phone numbers if required for reporting
10. **Blood Transfusion Services (BTS) requisitions and samples:**
 - Signature (first initial and complete last name) of Phlebotomist, date and time of phlebotomy.
 - Complete the required questions: See C40
 - Cord Blood samples/requisitions must be labeled with baby's CIS registration label and be identified as "Cord Blood".
QEH -the Mother's registration labels **must** also be affixed to the sample/requisition
11. Additional information as required:
 - Date and time of last dose. Example: therapeutic drugs
 - Additional requisitions. Example: consent forms, maternal screens, HLA
 - Timed studies. Example: Tolerances, ACTH Stimulation Studies, etc.
 - Signature of phlebotomist.

NOTES

1. The requisition and specimen **must** be the appropriate one and **must** be complete and **legible**.
2. The requisition and specimen must be received together to avoid errors in patient identification.
3. In the case of incomplete requisitions, the lab may choose not to analyze the sample. If possible, the client will be contacted to fax a complete requisition.
4. Additional test(s) may only be ordered by authorized personnel.

Omni-Assistant DOC ID: 6528	NOTE: This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.	SECTION: C10
		Revised: 2014.09.15

Example: Laboratory Blood Test Request Form

Fasting Status:

LABORATORY BLOOD TEST REQUEST FORM
Provincial Clinical Laboratory

Address for Non-PEI Residents (Required)
Name: _____
Street: **Place Label Here**
City: _____ Prov./State: _____
Postal Code: _____

Specimen Collected: **Collection:** Yes No
 By: _____
 Date & Time: _____
 Payment Responsibility: WCB DVA DND RCMP
 Self Pay Canadian Self Pay Non-Canadian
 Provincial Medicare # exp. date: _____

Relevant Diagnosis and Therapy
Relevant Diagnosis: _____
 DOB: **MM/DD/YY** Sex: _____ Medical Record Number (MRN) **MRN / PHN**
DQB / Sex _____

Ordering Physician: _____ Contact Info: _____ Copies **Copy To:** _____ Office: _____ Facility and Unit: _____
Location: _____

Chemistry - 1 Yellow SST Tube (Glucose, fasting or random requires a gray tube and certain tests, special tubes as indicated)			Hematology One Purple Tube (EDTA) Add One Red for Monospot		
Glucose - Fasting	Alk Phos - ALP	CRP	CBC & Auto Diff	Reticulocytes	Kleihauer
Glucose - Random	ALT	Ammonia (Green on Ice)	Hemoglobin A1C	Monospot	
Electrolytes <input type="checkbox"/> CO2	GGT	Calcium - Ionized	Coagulation - 1 Blue Tube (Sodium Citrate)		
Creatinine - eGFR	LD	Osmolality	PT/INR On: <input type="checkbox"/> Coumadin/Warfarin <input type="checkbox"/> Heparin <input type="checkbox"/> LMW Heparin		
Calcium - Total	Lipase	Lactate (Gray on Ice)	aPTT	D-Dimer	Fibrinogen
Total Protein	CK	Uric Acid - Urate	Immunology - 1 Red Tube for Each 3 Tests		
Albumin	Serum Pregnancy (+/-)	Magnesium	Tissue Transglutaminase	IgG, IgA & IgM	IgE
Total Bilirubin	Bilirubin - Direct	Phosphate	Protein Electrophoresis	ANA Screen*	dsDNA
Cardiac Function and Lipids			Vasculitis: MPO & PR3	Anti-GBM	Haptoglobin
HS-CRP - Cardiac	BNP (Purple Tube)	Troponin (Green Tube)	Rheumatoid Factor	ASOT	Cardiolipin
<input type="checkbox"/> Lipid Profile - Must be Fasting: Cholesterol, Triglycerides, LDL & HDL The tests below can be ordered separately			CCP (Citroline Ab)	Mycoplasma IgM	β2-Microglobulin
<input type="checkbox"/> Total cholesterol (Can be random) <input type="checkbox"/> Triglycerides (Must be fasting)			Serum Free Light Chains	Farmers Lung	α-1-Antitrypsin
Tolerance Tests* - Glucose & Lactose (Appointment required)			Complement C3 & C4		
<input type="checkbox"/> 75 g Diabetic - Confirmatory			Therapeutic Drug Monitoring* - 1 Red Tube		
<input type="checkbox"/> 50 g Gestational - Screen <input type="checkbox"/> 75 g Gestational - Confirmatory			Time of last dose Required	Date (MM/DD) and Time Last Dose	
<input type="checkbox"/> Lactose Tolerance Test			Carbamazepine (Tegretol)		
Nutritional Status			Digoxin		
Ferritin	Iron Studies: Iron, Transferrin (TIBC) & %Sat		Lithium		
Prealbumin	Vitamin B12		Phenobarbital		
Endocrine and Tumor Markers - 1 Yellow SST Tube			Phenytoin (Dilantin)		
Prolactin	Progesterone	β-HuG (Quantitative)	Primidone (Mysoline)		
DHEAS	Estradiol	AFP	Theophylline		
Cortisol <i>Hrs</i>	FSH	CEA	Valproic Acid (Epileval)		
PTH - Intact	LH	CA-125	Methotrexate <small>Protect from light</small>		
PSA - 40 to 75 yrs <input type="checkbox"/> Other - <input type="checkbox"/>	Testosterone - Total		<input type="checkbox"/> Vancomycin		
TSH - Diagnostic	TSH - Monitoring therapy	Specify Treatment	<input type="checkbox"/> Pre-Dose Level <input type="checkbox"/> Post-Dose Level		
Blood Gases - Collect in a Heparinized Syringe, Send on Ice Blood Gases should be the only order on the requisition to aid processing			<input type="checkbox"/> Gentamicin		
Specimen <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Central/Mixed Venous			<input type="checkbox"/> Tobramycin		
<input type="checkbox"/> Venous (Green Tube, no Gel on Ice) <input type="checkbox"/> Cord (Send Cord on Ice)			<input type="checkbox"/> Pre-Dose Level <input type="checkbox"/> Post-Dose Level <input type="checkbox"/> Extended Interval		
O2 Device: _____ O2 Therapy: _____ Body Temp: _____			<input type="checkbox"/> Extended Interval - Pediatrics <input type="checkbox"/> 22 Hr Post Level - Neonates		
<input type="checkbox"/> Carboxyhemoglobin-CO <input type="checkbox"/> Methemoglobin <input type="checkbox"/> Lactate			Serum Toxicology - 1 Red Tube		
Additional Requests (Please Contact Lab for Special Instructions and Availability)			Ethanol	Acetaminophen	Salicylate
			Tricyclics - Screen		

* See Over for Information on: Contacts, Tolerance Tests, ANA Screen and Therapeutic Drug Monitoring

Q39-07/05/14

Routine Chemistry

Hematology (CBC, A1C)

Coagulation (PT/PTT)

Immunology (antibodies)

Cardiac Function/Lipids

TDM (Drugs)

Tolerances

Nutritional Status

Endocrine/Tumor Markers

Blood Gases

Serum Toxicology

Additional Requests

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Therapeutic Drugs:** Time & Date of Last Dose are required
- **Tolerances:** Label multiple grey tubes with collection times e.g. AC, 1 hr, 2 hr
- **See 'Reverse' for information on:** Contacts, Tolerance Testing, ANA/Vasculitis Panels, Therapeutic Drug Monitoring and Sampling Times
- Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

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Example: Urine, Body Fluids & CSF Test Request Form

URINE, BODY FLUIDS & CSF TEST REQUEST FORM Provincial Clinical Laboratory			Address for Non-PEI Residents Required			
Specimen Collected Date: Collection: Time: Date & Time		Payment Responsibility <input type="checkbox"/> WCB <input type="checkbox"/> DIA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medicare # exp. date:		Name: _____ Street: Place Label Here City: _____ Prov./State: _____ Postal Code/Zip: _____		
Relevant Diagnosis and Therapy Relevant Diagnosis:			DOB: MM/DD	Sex: _____	Medical Record Number (MRN/PHN)	
Ordering Physician Ordering:	Contact Info	Copies Copy To:	Office	Facility and Unit Location:		
Routine Urinalysis			Miscellaneous (Calculi and Sweat Chloride)			
<input type="checkbox"/> Routine Urinalysis <input type="checkbox"/> Pregnancy Test Urine <input type="checkbox"/> Microscopic - <i>Must be received within 4 hrs and specify reason</i>			Stone Analysis - Calculi (Specify Source) Sweat Chloride (Performed at QEH, appointment required call 894-2300)			
Toxicology - Urine Drug Screen			Semen Analysis (Use Sterile Container, Submit Within 2 Hrs, M-F)			
Cannabinoids Benzodiazepines Oxycodone Cocaine Barbiturates Methadone (EDDP) Opiates Amphetamines Ethanol			Complete Examination Post Vasectomy			
Random Urine (Quantitative or Qualitative) Analysis Collect first morning urine in sterile specimen container and deliver promptly to the lab or refrigerate until submitted			Synovial Fluid - Collect in Lavender Tube (For Culture use Sterile C&S Container and Microbiology Requisition)			
Protein Sodium Osmolality Microalbumin/Albumin Potassium 5HIAA - Screen Creatinine Chloride Calcium Urea Porphyrin Screen (Wrap in Foil) Porphobilinogen Screen (Wrap in Foil)			Site: WBC Count and Differential Crystals			
24 Hr Urine Quantitative Analysis Some tests require special preservatives (1) or handling (2) Please see over for details and how to obtain containers.			Body Fluids (For culture use sterile container & Microbiology Req.)			
Total Volume: _____ mL			Site: <input type="checkbox"/> Pleural <input type="checkbox"/> Peritoneal <input type="checkbox"/> Peritoneal Dialysis Fluid			
Protein Sodium Phosphate Creatinine Potassium Urea Calcium Chloride Magnesium Citrate (1) Cortisol Osmolality Oxalate (1) Urate			<input type="checkbox"/> WBC Count and Differential (Lavender tube only) <input type="checkbox"/> Glucose (Red tube) <input type="checkbox"/> Protein (Red tube) <input type="checkbox"/> LDH (Red tube) <input type="checkbox"/> Other:			
5HIAA Quantitative (1&2) Catecholamine (1&2) Metanephrine (1&2) Porphyrin Quantitative (1&2) Porphobilinogen Quantitative (1&2)			CSF - For a Limited Sample Indicate the Priority of Your Requests At QEH between 0730-1600 call the Hematology lab (2332) with your request, after hours and on holidays page each lab through the switchboard using CODE CSF. At PCH call the lab (4285) with request.			
<input type="checkbox"/> Creatinine Clearance - Serum Creatinine (Yellow/SST Tube) must be submitted within 24 hours of urine collection. Height and weight are required for pediatric patients only Height: _____ cm. Weight: _____ kg.			Clinical Summary: Antibiotics Given:			
Stool			Microbiology			
Fecal Fat 72 Hr collections only & special handling please see over Fecal Occult Blood (FIT) Stainable Fat			Culture and Gram Stain Enterovirus PCR Herpes PCR Other:			
Metabolic Investigations Please see over for details on tests and required samples. Please write in test request and required info below			Hematology			
			<input type="checkbox"/> CSF Cell Count Panel (RBC - First and Subsequent Tube along with WBC and Differential - Subsequent Tube)			
			Chemistry			
			Glucose Protein Other:			
			Immunology			
			<input type="checkbox"/> Oligoclonal Banding (History Required) Requires 3 ml of CSF and One Red Tube of Blood. History			
			Cytology			
			Malignant Cell Examination - Please Use Cytology Requisition Other:			
Additional Requests (Please Contact Lab for Special Instructions and Availability)						
See Over for Information on: Contacts, Urine or Fecal Collection & Sample Handling and Metabolic Investigations Q38-09(05/14)						

Urinalysis / Microscopic Pregnancy Test

Toxicology

Random Quantitative

24 Hr Quantitative

Stools: 72 hr, FIT, Stain

Miscellaneous

Seminal Fluid

Synovial Fluid

Body Fluids

CSF

Additional Requests

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Microscopics:** Must be received within 4 hrs and specify reason
- **24 Hr Urine Quantitative Requests:** (1) Special Preservative Required (2) Special Handling Required
- **See 'Reverse' for information on:** Contacts, Collection & Handling Instructions
- **Refer to 'Patient Instruction Sheets' for proper collection technique**
- Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

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SECTION: C30

Revised: 2014.09.15

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Example: Blood Transfusion Service Requisition

BLOOD TRANSFUSION SERVICE REQUISITION Provincial Clinical Laboratory		Address for Non-PEI Residents Required	
Queen Elizabeth Hospital Charlottetown, PEI Phone (902) 894-2300 Fax (902) 894-2415		Prince County Hospital Summerside, PEI Phone (902) 438-4280 Fax (902) 438-4281	
Insurance ▼ <input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medicare # exp date:		Name: _____ Street: Place Label Here _____ City: _____ Prov./State: _____ Postal Code/Zip: _____	
Facility and Unit: _____ DOB: YYYY-MM-DD Sex: _____ Medical Record Number (MRN): _____ DOB / Sex MRN / PHN		Date Required: _____ Time Required: _____ Ordering Physician: Ordering _____	
Is Patient IgA Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Transfusion Reaction: _____ Known Antibodies: _____		Collection Protocol: Canadian Standards Association requires phlebotomist's signature (first initial, complete last name), date and time on BOTH patient sample label and requisition. Specimen labels and requisitions failing to meet this protocol will not be accepted for testing. The preferred specimen type for transfusion tests is a 6 ml K2 EDTA tube (Mauve Top)	
I certify that I have verified that the name and identification number on this requisition and the blood specimen label are the same as those of the patient's. Signature (First Initial + Complete Last Name) _____ Sample Drawn By: Signature (First Initial - Complete Last Name) _____		Collection: Date & Time Date: _____ Time: _____	
<input type="checkbox"/> Group and Screen <input type="checkbox"/> Preadmission		These are Required Questions. For Group and Screen, Preadmission or Crossmatch	
<input type="checkbox"/> Crossmatch # Units: _____ <input type="checkbox"/> Special RBC Requirements		Has the patient been pregnant in the last 3 months or pregnant now? <input type="checkbox"/> NO <input type="checkbox"/> YES ? If yes what is the EDC: _____ ? Has the patient been transfused in the last 3 months? <input type="checkbox"/> NO <input type="checkbox"/> YES ? If yes when and where: _____ ?	
<input type="checkbox"/> Prenatal <input type="checkbox"/> Cord Blood		Date of last Rhlg Injection: YYYY/MM/DD EDC: YYYY/MM/DD Mothers Full Name: _____ Mothers MRN: _____	
<input type="checkbox"/> DAT <input type="checkbox"/> Rh Immune Globulin <input type="checkbox"/> 300 ug <input type="checkbox"/> 600 ug <input type="checkbox"/> Platelets (Note: 4 units = 1 pool = 1 dose = 1 bag) # Pools: _____ <input type="checkbox"/> Special Platelet Requirements		<input type="checkbox"/> octaplex/Beriplex (Please see over) Indications (Required) <input type="checkbox"/> Platelets <10 x10 ⁹ /L <input type="checkbox"/> Platelets 20-50 x10 ⁹ /L (Adult non-invasive procedure) <input type="checkbox"/> Platelets <50 x10 ⁹ /L (Adult procedure with blood loss) <input type="checkbox"/> Platelets <100 x10 ⁹ /L (Adult head trauma or Neurosurgery) <input type="checkbox"/> Platelet dysfunction or marked bleeding <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Plasma (Note: Ordered in mLs and 250 mLs is ~ 1 bag) # mLs: _____ <input type="checkbox"/> Cryoprecipitate # units: _____		Indications (Required) <input type="checkbox"/> Bleeding or Pre-op patient and PTT or INR is >1.5x normal <input type="checkbox"/> Massive bleed and PTT and INR not available <input type="checkbox"/> TTP <input type="checkbox"/> Other: _____ Indications (Required) <input type="checkbox"/> Bleeding with Fibrinogen <1.0 g/L <input type="checkbox"/> Von Willebrands or Hemophilia A <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Additional Requests Includes Factor Products		Q38-48(05/14)	

Group & Screen Preadmission

Crossmatch

Prenatal Cord Blood

Blood Components

Required Questions

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Collection Protocol:** Canadian Standards Association requires **both** Phlebotomist's signature (first initial, complete last name) **and** Collection Date & Time on **both** patient sample label and requisition.
- **Indications (Required):** Please check applicable as required.
- **Required Questions (2):** Please answer for Group & Screen, Preadmission or Crossmatch Requests
- Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

Omni-Assistant
DOC ID: 6531

NOTE: This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

SECTION: C40
Revised: 2014.09.15

Example: Microbiology Request Form (Side # 1)

MICROBIOLOGY REQUEST FORM Provincial Clinical Laboratory		Address for Non-PEI Residents (Required)	
Queen Elizabeth Hospital Charlottetown, PEI Phone (902) 894-2300 Fax (902) 894-2120		Prince County Hospital Summerside, PEI Phone (902) 438-4287 Fax (902) 438-4281	
Name: Place Label Here Street: _____ City: _____ Postal/Province/Zip: _____ DOB / Sex: _____		dob: mm/dd/yy SEX: _____ Medical Record Number (MRN): _____	
Specimen Collected (Date & Time): Date & Time <input type="radio"/> RUSH <input type="radio"/> Consult Microbiologist (For STAT: Write STAT & Phone/Page)		MRN / PHN: _____ Payment Responsibility: C/ND WCB DVA CND RCMP Self Pay Canadian Self Pay Non-Canadian Provincial Medicare # exp. date: _____ Insurance: _____	
Relevant Clinical Information: Relevant Clinical Information: Current Antibiotics: Current Antibiotics: _____		Office: _____ Facility and Unit: _____ Location: _____	
Ordering Physician: _____ Contact Info: _____ Copies To: _____		Order: _____	
Blood Cultures Source and Number: _____ Bottle Type: _____ Peripheral (speedy Sites) <input type="checkbox"/> X1 <input type="checkbox"/> X2 Central Line (type and Lumen) <input type="checkbox"/> <input type="checkbox"/> Other Source (Specify): _____		Upper Respiratory <input type="radio"/> Throat → <input type="checkbox"/> Bacterial Culture <input type="checkbox"/> Chlamydia/Phila/Mycoplasma <input type="radio"/> Mouth/Oral → <input type="checkbox"/> Yeast Screen <input type="checkbox"/> HSV PCR <input type="radio"/> Nasopharyngeal → <input type="checkbox"/> Influenza PCR <input type="checkbox"/> Pertussis PCR <input type="checkbox"/> Aspirate (±12yo) OR <input type="checkbox"/> RSV <input type="checkbox"/> Other: _____ <input type="checkbox"/> Swab (±12yo)	
Antibiotic Resistant Organism Screen <input type="checkbox"/> MRSA: <input type="checkbox"/> Nasal <input type="checkbox"/> Perianal, and <input type="checkbox"/> Others (specify): _____ <input type="checkbox"/> Other organism and specify site: _____		Lower Respiratory <input type="checkbox"/> Sputum (induced) <input type="checkbox"/> C&S <input type="checkbox"/> Special Testing (ETT / BW) <input type="checkbox"/> Endotracheal Suction <input type="checkbox"/> Mycobact. (TB) <input type="checkbox"/> Viral Respiratory Screen <input type="checkbox"/> Bronchial Washing <input type="checkbox"/> Fungus <input type="checkbox"/> Viral Respiratory Panel <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Other: _____	
Eyes and Ears Eye <input type="radio"/> Right <input type="radio"/> Left <input type="checkbox"/> Bacterial culture <input type="checkbox"/> Other (Specify) _____ Ear <input type="radio"/> Right <input type="radio"/> Left <input type="checkbox"/> Other (Specify) _____		Urinary Tract (C & S) <input type="checkbox"/> Urinary Tract C&S <input type="checkbox"/> Gram Stain Add-on <input type="checkbox"/> Midstream Initials of RN/MD: _____ (Patient is able to understand and perform) <input type="checkbox"/> Midstream Not Successful (Screen only) (NOT able to understand and perform) (Includes sterile bed pans) <input type="checkbox"/> Fresh (24hrs) or In and out catheter <input type="checkbox"/> Cystoscopy <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Indwelling (<14 days) <input type="checkbox"/> New Flank or Suprapubic pain or tenderness <input type="checkbox"/> Indwelling (≥14 days) <input type="checkbox"/> Rigors <input type="checkbox"/> New Onset Delirium <input type="checkbox"/> Urologist Placed	
Gastrointestinal Tract <input type="radio"/> Stool <input type="radio"/> Other (Specify) _____ Routine Diarrhea / Colitis <input type="checkbox"/> Bacterial Culture check off if: _____ <input type="checkbox"/> C. difficile <input type="checkbox"/> Travel <input type="checkbox"/> Bloody <input type="checkbox"/> Rotavirus and Adenovirus <input type="checkbox"/> Norovirus PCR "Norwalk" Ova & Parasite testing → → →		Extended Processing Indications <input type="checkbox"/> Pregnancy <input type="checkbox"/> Repeat Request by Lab <input type="checkbox"/> Failed Initial Therapy <input type="checkbox"/> Neutropenia <input type="checkbox"/> Transplant patient <input type="checkbox"/> Urinary Stones / Calculi <input type="checkbox"/> Followed by a Urologist <input type="checkbox"/> Yeast Suspected	
Gastritis and Special Tests <input type="checkbox"/> H. pylori Stool Antigen Test <input type="checkbox"/> Giardia / Crypto Antigen Screen <input type="checkbox"/> Stool for Microscopy (Inquire Indicator) <input type="checkbox"/> Immune def. <input type="checkbox"/> Farm <input type="checkbox"/> Age <16 y.o. <input type="checkbox"/> Travel to: _____		Sterile Body Fluid Culture <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Initial Drainage <input type="checkbox"/> Bacterial Culture (C/S) <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> Dialysis Fluid <input type="checkbox"/> Mycobacterial (TB) <input type="checkbox"/> Synovial / Joint Fluid (Specify site) <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Other (Specify) _____ C/S and counts use Yellow Requisition (Molecular Testing Available)	
Genital Tract <input type="radio"/> Vaginal Typical Requests → <input type="checkbox"/> Bacterial Vaginosis <input type="checkbox"/> Yeast Screen <input type="checkbox"/> C&S <input type="checkbox"/> Prepubertal or <input type="checkbox"/> Post-OP <input type="checkbox"/> Herpes PCR (viral swab) <input type="checkbox"/> Combined Vaginal/Rectal <input type="checkbox"/> Group B Screen (Prenatal) <input type="checkbox"/> Check off if Severe Penicillin Allergy _____ <input type="checkbox"/> Chlamydia spp. - Gonococcal DNA One CT/GC swab or any age male urine or female urine < 21 y.o.* <input type="checkbox"/> C&S Gonococcal Culture (For known positives, very high risk, or extra genital samples) Contact Lab for instructions		Miscellaneous (Tissue, Wound, Ulcer, Skin and Central Lines) <input type="checkbox"/> Tissue Biopsy of _____ located on or in _____ <input type="checkbox"/> Wound Swab (Optional: <input type="checkbox"/> Deep <input type="checkbox"/> Post-debridement <input type="checkbox"/> Other) Site: _____ <input type="checkbox"/> Ulcer <input type="checkbox"/> Diabetic/Neuropathic <input type="checkbox"/> Decubitus/Pressure Site: _____ <input type="checkbox"/> Skin (Description and Site) _____ <input type="checkbox"/> Central Line Tip (Site) _____ <input type="checkbox"/> Bacterial Culture (C/S) <input type="checkbox"/> Mycobacterial (TB) <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Anaerobes <input type="checkbox"/> Herpes PCR (Skin) <input type="checkbox"/> Other: _____ (Molecular Testing Available)	
*Female Chlamydia/Gonococcal DNA urine testing over age 20 limited to very high risk patients and when an endocervix exam is refused (requires documentation or consultation).			
Additional Requests (Specify site and specimen and please contact PCH or QEH lab for special instructions and availability) Additional Requests			
Please See Over for Serology other Molecular Requests: _____ Q38-05/06/14			

Blood Cultures

MRSA

Eyes & Ears

Gastrointestinal Tract

Genital Tract

Upper Respiratory

Lower Respiratory

Urinary Tract (C & S)

Body Fluids

Miscellaneous

NOTES:

- Patient Identifiers (2): Last Name and Given Name(s) according to PHC + MRN/PHN
- Check 'O' for Specimen Type
- Each specimen/site **MUST** have test(s) indicated
- **Current Antibiotics:** include in designated area
- **Please See Over for Serology & other Molecular Requests**
- Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

Example: Microbiology Request Form (Side # 2 - Serology)

MICROBIOLOGY REQUEST FORM Provincial Clinical Laboratory		Address for Non-PEI Residents (Required)	
Queen Elizabeth Hospital Charlottetown, PEI Phone (902) 894-2300 Fax (902) 894-2120		Prince County Hospital Summerside, PEI Phone (902) 438-4287 Fax (902) 438-4281	
Collection: Date & Time <input type="checkbox"/> RUSH <input type="checkbox"/> Consult Microbiologist (For STAT: Write STAT & Phone/Page)		Name: _____ Street: Place Label Here City: _____ Province/State: _____ Postal Code/Zip: _____	
Specimen Collected By: _____ Date and Time: _____ Reason for Rush/STAT or Consult: _____		DOB: YYYY-MM-DD Sex: _____ Medical Record Number (MRN): _____ DOB / Sex MRN / PHN Payment Responsibility: WCB, DVA, DND, RCMP, Self Pay Canadian, Self Pay Non-Canadian Provincial Medicare # exp. date: _____ Insurance: _____	
Ordering Physician: _____ Contact Info: _____ Ordering: Copies To: Office: _____ Facility and Unit: _____ Other (Specify): _____		Relevant Clinical Information: <input type="checkbox"/> Pregnancy / <input type="checkbox"/> Current Fever, Initial Date: / <input type="checkbox"/> Current Rash, Initial Date: / <input type="checkbox"/> Infectious Contact: _____ Relevant Clinical Information:	
INFECTIOUS DISEASE SEROLOGY, and related Molecular testing Referred out tests = ® = delayed results and extra tube collection necessary (Max: 3-4 Red top tubes)			
Viral Hepatitis Tests		Serology Panels	
Routine Previous Exposure, Vaccination or Acute Baseline <input type="checkbox"/> Hepatitis A IgG (HEPA-G) <input type="checkbox"/> Hepatitis B surface Antibody (HbsAb) <input type="checkbox"/> Hepatitis C Antibody (HCV)* Acute Hepatitis or Tracking of Known Disease <input type="checkbox"/> Hepatitis A IgM (HEPA-M) (Travel associated) <input type="checkbox"/> Hepatitis B surface Antigen (HbsAg)* <input type="checkbox"/> Hepatitis C Antibody (HCV)* Specialized Viral Hepatitis Testing (Referred Out®) Requires detailed history, consultation by Microbiologist or other specialist Hepatitis B anti-Core (HEPBo-IgM-IgG®) (Infected vs immunized) Hepatitis B anti-Core (HEPBo-IgM®) (Very acute infection) HepB- <i>e</i> Antigen or HepB- <i>e</i> Antigen Antibody HepD (Requires HepB infection), HepE (Travel associated like HepA), HepB and HepC PCR Available (Special Indications and processing)		<input type="checkbox"/> Needlestick Exposed = HbsAg, HbsAb, HCV and HIV <input type="checkbox"/> Needlestick Follow up (≥3 Mon.) = HbsAg, HbsAb, HCV and HIV <input type="checkbox"/> Needlestick Source = HbsAg, HCV and HIV (Page if Friday/Sat/Holiday) <input type="checkbox"/> Prenatal Serology = HbsAg, HIV, Rubella IgG and Syphilis Suspect Measles (Notify Public Health STAT) see Measles PCR <input type="checkbox"/> Measles IgM, IgG, Rubella IgM, IgG, Parvovirus IgM, and IgG	
Systemic Infection Serology CMV Serology* <input type="checkbox"/> IgG <input type="checkbox"/> IgM (IgG Avidity testing available for Preg.) EBV Serology* <input type="checkbox"/> Acute Mononucleosis <input type="checkbox"/> Transplant Screen *CMV or EBV PCR® Available (Requires Microbiologist or Specialist Approval) <input type="checkbox"/> Syphilis Screen Yellow Requisition for CSF Syphilis Analysis <input type="checkbox"/> HIV Ag/Ab Screen (HIV) Viral Load® and HIV PCR Available® <input type="checkbox"/> Toxoplasmosis IgG® (Immune Status) Special Toxo. Testing Available® <input type="checkbox"/> Toxoplasmosis IgM® (Recent/Acute Infection) <input type="checkbox"/> Mumps IgG® (IgM not available: see Mumps PCR) <input type="checkbox"/> Q-fever-Coxiella spp.® (Related Zoonotic Serology available) <input type="checkbox"/> Galactomannan-Invasive Aspergillosis® (Bronch. Wash available) <input type="checkbox"/> Legionella Urine Antigen Testing (Travel or Severe Disease Only) <input type="checkbox"/> Cat Scratch Disease-Bartonellosis® Tissue PCR available		Viral Exanthema (Other than above Measles Panel) <input type="checkbox"/> Measles IgG (Immune Status / Protection Only) <input type="checkbox"/> Rubella IgG (Immune Status / Protection Only) <input type="checkbox"/> Parvovirus IgG <input type="checkbox"/> Parvovirus IgM (Recent/Acute Infection) <input type="checkbox"/> Varicella Zoster IgG (Immune Status) (Pregnant & New Exposure - STAT) Mumps, Measles, and Parvovirus Molecular Testing <input type="checkbox"/> Measles PCR® <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> viral throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Mumps PCR® <input type="checkbox"/> Deep oral swab <input type="checkbox"/> Urine (if orchitis present) <input type="checkbox"/> Parvovirus PCR® <input type="checkbox"/> EDTA-Blood (Requires Microbiologist Consultation)	
Bacterial Immunology (Requires Pediatrician or Microbiologist Approval) <input type="checkbox"/> Tetanus Toxoid® <input type="checkbox"/> Streptococcus pneumoniae serology® <input type="checkbox"/> Diphtheria Toxoid® <input type="checkbox"/> Other: _____		Travel and Tropical Serology and Related Testing (Requires Detailed Exposure & Clinical History Below) <input type="checkbox"/> Arbovirus®: <input type="checkbox"/> West Nile Virus <input type="checkbox"/> Dengue <input type="checkbox"/> Others _____ <input type="checkbox"/> HTLV I & II® <input type="checkbox"/> Strongyloidiasis serology® Stool plate culture available <input type="checkbox"/> Other National Reference Centre for Parasitology Serology® List here: <input type="checkbox"/> Helminth "Parasitic Worm" Identification (Identify Site Found) <input type="checkbox"/> Tuberculosis IGRA (Contact Lab for appointment) see: tstin3d.com <input type="checkbox"/> Lyme Disease® <input type="checkbox"/> Off Island Travel (Explain) <input type="checkbox"/> No Off Island Travel (Contact CPHO if starting treatment for Lyme Disease) <input type="checkbox"/> Tick or other Arthropod Identification (Removed from Patient's Skin)	
Special Requests (Please Highlight and call QEHL Laboratory for availability): _____ _____ _____		Clinical Information: <input type="checkbox"/> Current Fever <input type="checkbox"/> Current Rash ≥ 5 cm <input type="checkbox"/> Other: _____ Exposure Information: <input type="checkbox"/> Immigration, Where: _____ When: _____ <input type="checkbox"/> Relevant Travel, Where: _____ When: _____ <input type="checkbox"/> Tick Bite, When: _____ Duration: <input type="checkbox"/> Unknown <input type="checkbox"/> < 24 hrs <input type="checkbox"/> ≥ 24 hrs Q38-05(06/14)	
Please See Over for Culture Requests			

Viral Hepatitis Tests

Serology Panels

Systemic Infection Serology

Viral Exanthema

Mumps, Measles & Parvovirus Molecular Testing

Bacterial Immunology

Travel & Tropical Serology (Related Testing)

Special Requests

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Infectious Disease Serology (& related Molecular Testing)**
- **® = Referred Out Tests:** Delayed results and extra tube collection necessary (Max: 3-4 red top tubes)
- Please complete 'Relevant Clinical Information'
- Please See Over for Culture Requests
- Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

Example: Surgical Pathology & Bone Marrow Requisition

SURGICAL PATHOLOGY & BONE MARROW FORM Provincial Clinical Laboratory		Address for Non-PEI Residents Required	
Queen Elizabeth Hospital Charlottetown, PEI Specimen Collection: (902) 894-2300 Report Inquiry: (902) 894-2300 Fax: (902) 894-2385		Prince County Hospital Summerside, PEI (902) 438-4288 (902) 438-4624 (902) 438-4281	
Name: _____ Street: Place Label Here _____ City: _____ Prov./State: _____ Postal Code/Zip: _____			
Payment Responsibility: <input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medicare # exp. date: Insurance: _____		DOB: YYYYMMDD DOB / Sex: _____ Sex: _____ Medical Record Number (MRN) _____ MRN / PHN _____	
Physician Ordering: _____ Contact Info _____ Copies Copy To: _____ Office _____ Facility and Unit _____ Location: _____			
Date of Procedure _____ Date of Procedure: _____		Date Received _____ YYYYMMDD	
		Fixative <input type="checkbox"/> Formalin <input type="checkbox"/> Alcohol <input type="checkbox"/> Fresh <input type="checkbox"/> Saline	
Procedure Surgical Procedure: _____		Cold Ischemic Time (Breast Specimens and Renal Biopsies) Time removed from patient: _____ Time received in lab and sliced: _____	
Note: For Bone Marrow Cytogenetics or Flow Cytometry Proper Specimen Handling and Completion of Appropriate Requisitions is Required			
List Tissues Submitted With Exact Anatomical Site		Clinical Findings	
A		<div style="border: 1px solid red; padding: 5px; display: inline-block;">Clinical Findings</div> ▼▼	
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
Physician's Signature (Required) <div style="border: 1px solid red; padding: 2px;">Physician's Signature</div> ►►			

Exact Anatomical Sites:



- NOTES:**
- Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
 - Exact Anatomical Sites:** List Tissues submitted
 - Clinical Findings:** Provide Background / History
 - Physician Signature:** Required
 - Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

Example: Cytology Request Form

CYTOLOGY REQUEST FORM		Address for Non-PEI Residents Required	
Provincial Clinical Laboratory Queen Elizabeth Hospital, Charlottetown, PEI Phone: (902) 894-2300 Fax: (902) 894-2385		Name: _____	Street: Place Label Here
Payment Responsibility: <input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian		DOB: YYYY-MM-DD	Sex: _____
Provincial/Medicaid #/Exp. date: Insurance		Medical Record Number (MRN)	
Ordering Physician	Contact Info	Copies	Office Facility and Unit
Ordering:		Copies To:	Location:
For Cytology Use Only		Slides Received: _____	Call Block: <input type="checkbox"/>
Date Specimen Obtained	Clinical Findings		
Collection: Date	Clinical Findings:		
Gynecological Specimen			
Site: <input type="checkbox"/> Cervix <input type="checkbox"/> Vulva <input type="checkbox"/> Vaginal vault			
Technique: <input type="checkbox"/> Spatula <input type="checkbox"/> Endocervical Brush (Cytobrush) <input type="checkbox"/> Papette			
Colposcopy Specimen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Last Menstrual Period (LMP): YYYY/MM/DD			
Menopausal: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hysterectomy: <input type="checkbox"/> Total <input type="checkbox"/> Subtotal			
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Postpartum <input type="checkbox"/> Yes <input type="checkbox"/> No			
Therapy: <input type="checkbox"/> BCP <input type="checkbox"/> IUD <input type="checkbox"/> Hormone <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy			
Previous HPV DNA Testing: <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
HPV Vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Age at Time of Vaccination:			
Abnormal Bleeding: <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Suspicious Lesion: <input type="checkbox"/> Yes <input type="checkbox"/> No Description:			
Previous Abnormality: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ Date: YYYY/MM/DD			
Non-Gynecological Specimen			
Sputum			
Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheter <input type="checkbox"/> Bladder Washing <input type="checkbox"/> Cystoscopy <input type="checkbox"/> Other (Specify) _____			
Bronchial (Specify Site): _____ <input type="checkbox"/> Washing <input type="checkbox"/> Brushing <input type="checkbox"/> Bronchoalveolar Lavage			
Test: <input type="checkbox"/> Cytology <input type="checkbox"/> Cell Count <input type="checkbox"/> Pneumocystis			
<input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> Pericardial fluid			
<input type="checkbox"/> Pelvic Washing <input type="checkbox"/> Other GYN Staging Site (Specify): _____			
<input type="checkbox"/> Fine Needle Aspirate (FNA) - Specify Site: _____			
<input type="checkbox"/> Other (Specify): _____			
Physician Signature (Required)			

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- Please include **Patient Identifiers** on **Both** requisition & specimen(s)
- **Clinical Findings:** Please include any 'Relevant Clinical History'
- Refer to 'Gynecological & Non-Gynecological Collection Procedures' for proper collection technique
- Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

Example: Serum Allergy Testing Requisition

SERUM ALLERGY TEST REQUEST		Address (for Non-PEI Residents) Required	
Allergen Specific IgE Provincial Clinical Laboratory Queen Elizabeth Hospital Phone (902) 894-2300 Fax (902) 894-2183		Name: _____ Street: Place Label Here _____ City: _____ Prov./State: _____ Postal Code/Zip: _____	
Payment Responsibility: <input type="checkbox"/> WCB <input type="checkbox"/> DIA <input type="checkbox"/> CND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medical # exp. date: Insurance: _____		DOB: YYYY-MM-DD _____ Sex: _____	Medical Record Number (MRN) _____
Ordering Physician: _____ Contact Info: _____ Copies: _____ Copy To: _____ Office: _____ Facility and Unit: _____ Location: _____		Date Collected: Collection Date _____ Time Collected: _____ & Time _____ Possible Triggers: _____	
You must select individual Allergens, there are no panels and please limit requests to 6 to 8 Allergens per requisition. Additional write in requests ("Other Allergens" below) will be honored if locally available. Requirements One Red Topped Tube			
Nuts & Legumes	NUTS and LEGUMES <input type="checkbox"/> Almond (f20) <input type="checkbox"/> Brazil Nut (f18) <input type="checkbox"/> Hazel Nut (f17) <input type="checkbox"/> Peanut (f13) <input type="checkbox"/> Soybean (f14) <input type="checkbox"/> Walnut (f256)	Seasonal: Grass Weed Tree Pollens	SEASONAL : GRASS, WEED and TREE POLLENS <input type="checkbox"/> Rye Grass (g5) <input type="checkbox"/> Timothy Grass (g6) <input type="checkbox"/> Common Ragweed (w1) <input type="checkbox"/> Goldenrod (w12) <input type="checkbox"/> Mugwort (w6) <input type="checkbox"/> Birch Tree (t3)
Seafood	SEAFOOD <input type="checkbox"/> Crab (f23) <input type="checkbox"/> Lobster (f80) <input type="checkbox"/> Shrimp (f24)	Household	HOUSEHOLD <input type="checkbox"/> Cat Dander (e1) <input type="checkbox"/> Dog Dander (e5) <input type="checkbox"/> Dust Mite (d2) <input type="checkbox"/> House Dust (h1) <input type="checkbox"/> Aspergillus Fumigatus (m3)
Milk & Egg	MILK and EGG <input type="checkbox"/> Egg (f245) <input type="checkbox"/> Milk (f2)		
Insects & Venom	INSECTS and VENOMS <input type="checkbox"/> Common Wasp Venom (i3) <input type="checkbox"/> Honey Bee Venom (i1)	Miscellaneous	MISCELLANEOUS <input type="checkbox"/> Latex (k82) <input type="checkbox"/> Penicillin G (c1)
OTHER ALLERGENS <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 5px;">Other Allergens</div>			
Q38-10(05/14)			

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Individual Allergens:** Select individual allergens (no panels). **Limit requests to 6 – 8 allergens per requisition.
- **One Red Topped Tube (Full):** for 6 – 8 requests
- **Other Allergens:** Write in additional requests – to be honored if locally available.
- Refer to <http://www.healthpei.ca/laboratoryservices> for the current versions of requisitions

Health PEI

Guide to Laboratory Services

Phlebotomy Procedure:

NOTE:

- Hands must be washed between patients.
- Gloves should be worn during phlebotomy procedure.
- It is not advisable to attempt a venipuncture more than twice. Another individual should attempt to draw the specimen.
- Phlebotomist must **NOT** perform blood collection against the patient or guardian's consent. Instead, report the patient's objections to the physician or nursing station.
- No food or liquid, chewing gum or other objects should be in the patient's mouth at the time the specimen is drawn.

1. Approach and identify the patient:

- Introduce yourself to the patient and indicate what you are about to do.
 - Confirm the identity of the patient:
 - have them state their first and last name and date of birth
 - compare it to the request form
 - Outpatients: request patient's health card and verify the MRN
Inpatients/Ambulatory Outpatients: compare information on request form with patient's identification bracelet
- DISCREPANCIES MUST BE RESOLVED BEFORE PROCEEDING.

2. Testing Restrictions:

- verify the patient's preparation (example: dietary restrictions, fasting, date and time of last dose of medications, etc)
- ask the patient about latex sensitivity. Alternate supplies may be required.
- ask the patient about previous venipuncture experiences (example: fainting - patient may be asked to lie down or recline during procedure)
- verify the use of a tourniquet (test dependant)
- note any special handling requirements (example: on ice, protect from light)

3. Assemble Supplies:

- needles and holders*
- disposable tourniquets
- blood collection tubes
- alcohol swabs**
- gauze squares
- bandages
- gloves
- sharps disposal container

**If not preassembled, thread the appropriate needle into the holder until it is secure.*

*** 70% Isopropanol or 0.5% Chlorhexidine*

4. Position the patient:

- draw all specimens with the patient seated in a comfortable chair or lying down
- identify the arm to be used by asking the patient for their preference
- the arm should be supported firmly by the armrest and should not be significantly bent at the elbow

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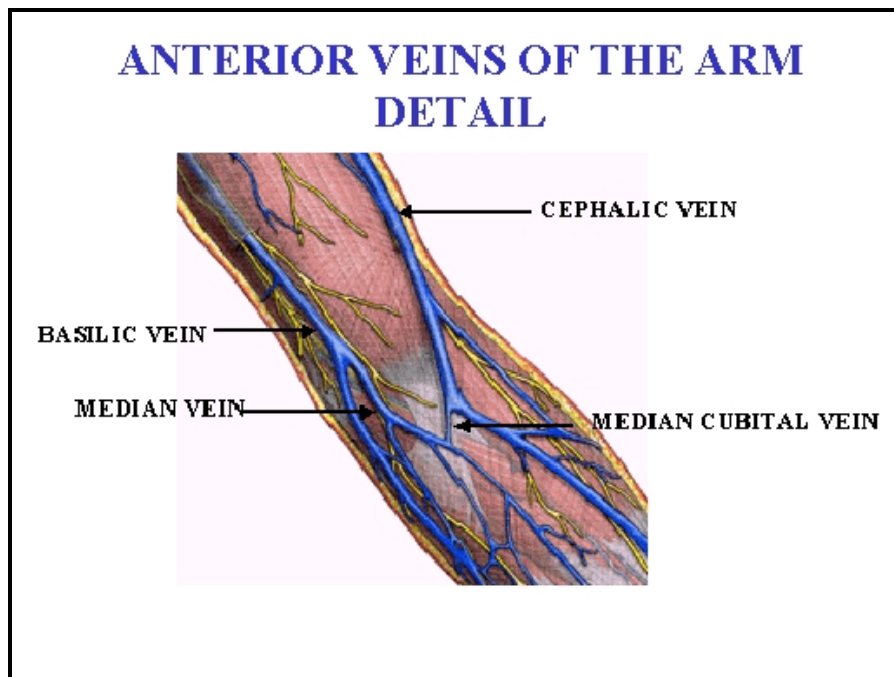
Guide to Laboratory Services

5. Apply tourniquet:

- Tourniquet should be applied 3 - 4 inches (7.5 - 10.0 cm) above the venipuncture site.
- Tourniquet application should not be exceeded one minute. If it has been in place for longer than one minute, it should be released and reapplied after two minutes.
- If a patient has a skin lesion at the intended tourniquet location, consider an alternate draw site, or apply the tourniquet over the patient's gown.
- If a blood pressure cuff is used as a tourniquet, inflate it to no more than 40 mm Hg.
- Do NOT use a tourniquet for 'Ionized Calcium' collection.

6. Site selection:

- Have patient form a fist. There must not be vigorous hand exercise, as it can cause changes in the concentration of certain analytes.
- The preferred venipuncture site is the antecubital fossa, which is the area of either arm that is anterior and below the bend of the elbow
- Palpate this site with index finger to identify appropriate veins



PREFERRED:

- Median cubital vein
- Cephalic vein
- Median vein

ALTERNATE:

- Basilic
- Veins on the back of the hand

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Guide to Laboratory Services

AVOID:

- Arm on side of mastectomy
- Edematous areas
- Hematomas
- Arm in which blood is being transfused
- Scarred areas
- Arms with fistulas or vascular grafts
- Arms with IV therapy (*if there is no alternative, IV must be turned off for at least 2 minutes and specimens must be identified as “drawn distal/proximal to IV site”*)

DO NOT USE:



- Ankles or lower extremities (without permission of physician/nurse)
- Underside of the wrist
- Arteries

7. Cleanse site:

- using an alcohol swab, cleanse the site with a circular motion from the center to the periphery
- allow the area to air dry

8. Perform venipuncture:

- a) Draw the skin taut to anchor the vein.
- b) Inform patient that puncture is about to occur.
- c) With bevel up, insert needle at an angle of 30° or less.
- d) Keeping the needle as stable as possible, push the first tube onto the needle (blood should begin to flow into the tube)
- e) Advise patient to open hand.

PROPER TECHNIQUE: Apply the tourniquet immediately before venipuncture, then release the tourniquet as soon as blood flow is established.






- f) Allow tube to fill until vacuum is exhausted to ensure sufficient volume of specimen for testing and that the correct ratio of additive to blood.
- g) When the blood ceases to flow, remove the tube from the needle holder.
- h) To obtain additional specimens, insert the next tube (see “order of draw”) into the holder and push onto the needle.
- i) Mix the tubes the required number of times.

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Guide to Laboratory Services

9. Order of draw / mix tubes:

The following order of draw is recommended to avoid possible test result error due to additive carryover:

#	Stopper	Collection Tube	Mix by Inverting
1		Blood Culture Bottles (where applicable)	8 - 10 times
2		Coagulation Tube *	3 - 4 times
3		Serum Tube with or without gel	5 times
4		Heparin Tube	8 - 10 times
5		EDTA Tube	8 - 10 times
6		Glucose Tube	8 - 10 times

*Butterfly collections: A discard tube needs to be used to prime the tubing prior to the collection of a coagulation tube.

10. Post Collection:

- place a clean gauze pad lightly over the venipuncture site
- remove the needle in one smooth motion and apply pressure on the gauze pad over the puncture site
- activate the needle safety device and safely dispose of the needle and holder into a 'Sharps' container.

NOTE: Needles are **NEVER** recapped, removed, broken or bent after phlebotomy procedure.

11. Labeling:

- have the patient continue to apply pressure on the gauze over the puncture site while you label the specimen tubes with:
 - PATIENT'S GIVEN NAME AND SURNAME
 - PATIENT'S MRN
 - Specimens and Requisitions for Transfusion Services require the date, time of collection and the first initial and surname of the collector.
- record date and time of collection on requisition

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Guide to Laboratory Services

12. Patient care:

- check the puncture site to ensure that bleeding has stopped
- place a bandage over the site if appropriate
- ensure that the patient is feeling okay before leaving

13. Remove gloves and wash hands.

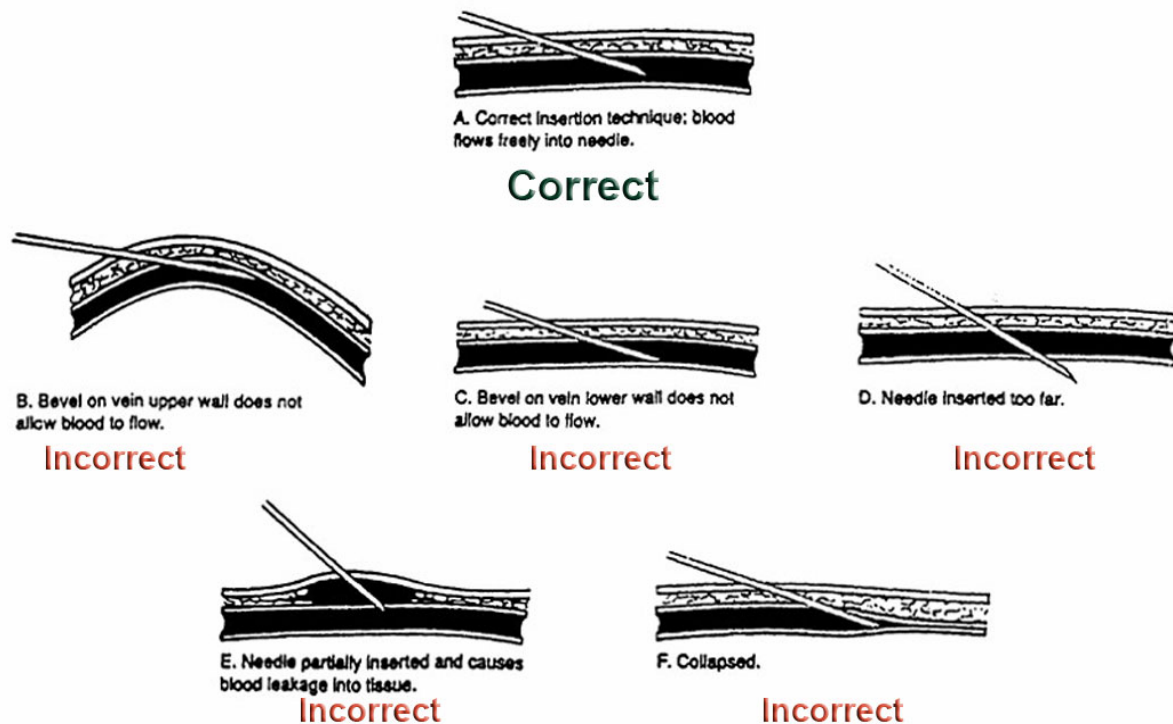
Blood Specimen That Cannot Be Obtained:

When a blood specimen cannot be obtained, it may be necessary to:

A. Change the position of the needle:

- Pull the needle back a bit if it has penetrated too far into the vein.
- Advance the needle farther into the vein if it has not penetrated far enough.
- Rotate the needle half a turn if the bevel lies against the wall of the vein.

Correct and Incorrect Needle Positioning



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Guide to Laboratory Services

- B. Try another tube to ensure the tube selected is not defective (e.g. loss of vacuum).
- C. Unless the exact location of the vein is determined, manipulation other than that recommended above may be considered "Probing".

NOTE: Probing is **not** recommended as it can be painful and may produce arterial perforations, resulting in a hematoma and nerve compression or direct nerve injury.

- D. It is **NOT** advisable to attempt a venipuncture more than twice. If possible, have another person attempt to draw the specimen, or notify the physician.

Which tube to choose???

With so many options, it is so hard to choose!



But choose the wrong one and there is so much to lose!

- Delays test results which may impact patient safety
- Negatively impacts patient satisfaction by requiring additional venipunctures
- Increases workload and costs for all healthcare staff
- Some samples cannot be replaced (blood cultures after antibiotics; serology after IVIG given)

Here are 2 great ways to know which tube you should use:

1) Check the: **Laboratory Quick Reference Guide to Test Orders**

- <http://www.healthpei.ca/laboratoryservices>
(Provincial Laboratory Services Website)

Resources:

- [Patient Laboratory Instructions & Information](#)
- [Laboratory Memorandums](#)
- [Laboratory Quick Reference Guide To Test Orders](#)
- [Laboratory Requisition](#)
- [Quality Time Newsletter](#)

Provincial Laboratory Services Website

This document provides an alphabetical listing of laboratory tests; in addition, limited information is also provided which relates to:

- The Cerner Orderable Name
- Specimen Type
- Collection Container Requirements
- Transport and Storage Conditions
- Special Notes and Additional Information

TEST	CERNER ORDERABLE	SPECIMEN TYPE	Container	TRANSPORTATION & STORAGE	ADDITIONAL INFORMATION
Erythropoietin Erythropoietin	Erythropoietin Level	Serum	SST Yellow Top	Store and ship frozen	Department: Chemistry Referred Out Testing Notes: Centrifuge and aliquot to a transport tube.

2) Refer to the **Laboratory Information Manual (LIM)** if additional detailed information is required. <http://www.healthpei.ca/laboratoryservices> (Provincial Laboratory Services Website)

Specimen Labeling

Please ensure that each specimen is identified correctly and legibly and matches the accompanying requisition. Each specimen must be labeled with the following information:

1. Last name and given name of the patient.
2. Correct MRN / PHN.
3. Type and source where applicable (Example: body fluids, blood cultures)
4. Additional information as required:
 - Phlebotomist signature (first initial and complete last name) and phlebotomy date and time for BTS samples
 - Date and time of collection
 - Timed studies. Example: Tolerances, ACTH Stimulation studies, etc.

Labeling of tubes

Identification labels for tubes of blood must be affixed horizontally on the tube – ideally, the writing should go from top to bottom.

The higher edge of the label should be affixed just below the bottom of the stopper. The label should be affixed so that it does not exceed the bottom of the tube; label should cover the label already present on the tube.

Labels **must** be 2 ¼" x 1 ¼" due to restrictions with instrumentation.

Tape or any other adhesive should not be used to keep the label in place.

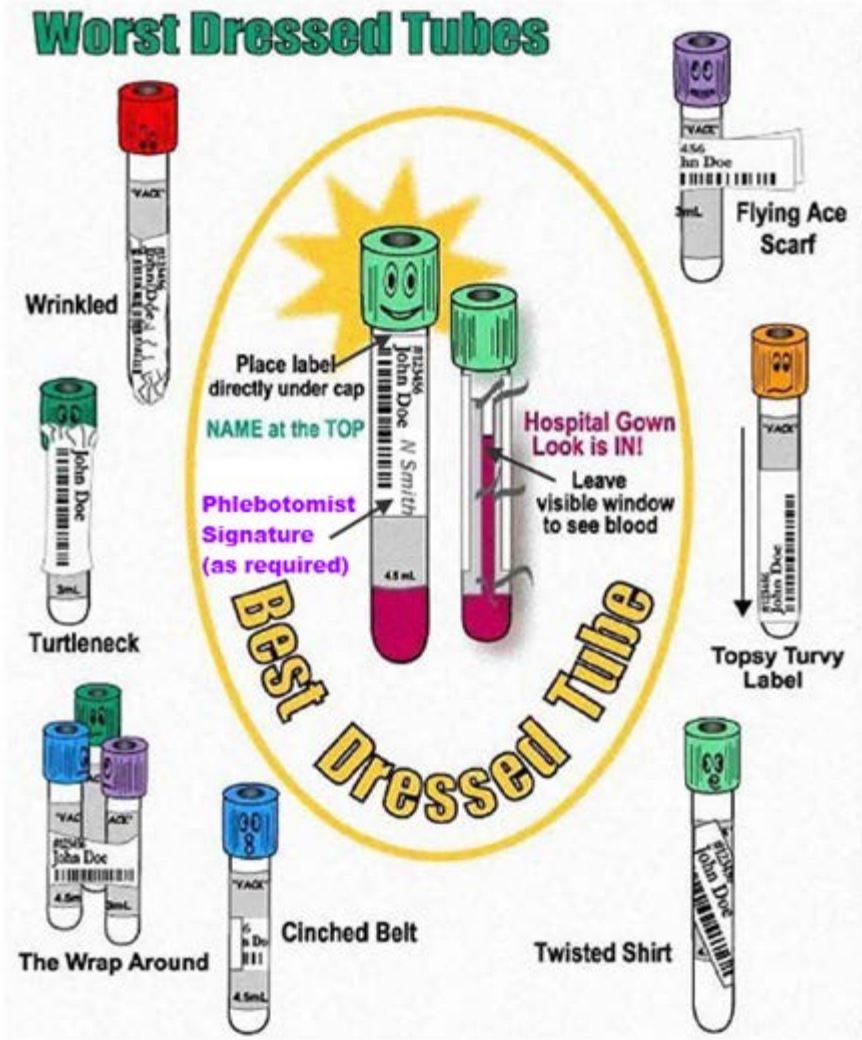
How to affix a label

- Affix the label underneath the tube stopper
- Affix the label so that it is aligned with tube and not diagonally
- Avoid making bumps, creases, folds or air bubbles under the label

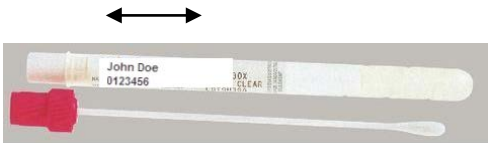
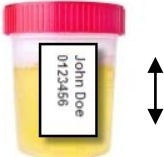
Note: An adequately affixed label will ensure a rapid treatment of the sample, improving the response time of the laboratory.



Get it Straight, Reduce the Wait Be the Best Dressed!



Our Friends Like to Dress the Same Way Too



PREPARING QUALITY SPECIMENS: MIXING, CLOTTING, CENTRIFUGATION

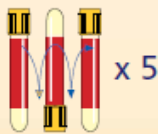


Helping all people
live healthy lives

How to Prepare a Quality Sample

Using BD Vacutainer® SST™ Tubes

Invert
5
Times



- Gently invert 5 times to mix clot activator with blood.

Clot
30
Minutes



- Allow blood to clot for a minimum of 30 minutes in a vertical position.
- Observe a dense clot.

Spin
10
Minutes



- Centrifuge at **FULL SPEED** (between 1100 and 1300g) for 10 minutes for swing-head units or 15 minutes for fixed angle units (balance tube in centrifuge).
- Barrier will form, separating serum specimen from clot.
- Transport spun tube to laboratory.

SPECIMEN STABILITY (QUICK REFERENCE)

Due to the instability of certain specimens, it is important to take note of those tests which require prompt delivery to the lab after collection.

Maximum Hours From Collection To Testing (Common Tests)					
Immediate	2 hrs	4 hrs	6 hrs	24 hrs	48 hrs
Ammonia Blood Gases Lactate CSF Body Fluid (WBC & Crystals)	Glucose (serum) Thrombin Time Semen Analysis Stool WBC	Electrolytes BNP @ RT D-Dimer PTT Factor VIII Factor IX Protein S Urine Microscopic	AT III Fibrinogen Protein C	CBC BNP (2-8 ⁰ C) ESR (from CBC) Homocysteine Lithium (R _T) Monospot PSA PT Phosphate (R _T) Reticulocytes T. Bilirubin (R _T) TCO2 (R _T) Urine C & S	Donath Landsteiner Glucose (grey) Lipid Panel Urinalysis (2-8 ⁰ C)
			12 hrs		
			Excyte ESR Manual Diff		

NOTES:

- All Microbiology specimens should arrive within 24 hours
- Coagulation Sendouts (frozen within 4 hrs of collection)
- DNA Sendouts (Sent to Halifax within 4 hrs of collection/Tested within 24hrs)
- Please refer to: <http://www.healthpei.ca/laboratoryservices> for information on all other requests (see D20)
 - Laboratory Quick Reference Guide to Test Orders
 - Laboratory Information Manual (LIM) – **detailed one-pagers on each test

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How to Prepare for a Fasting Test

(Glucose, Lipid Profile/Triglyceride)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Fasting Test Instructions:

Have nothing to eat, chew (including gum or candy) or drink (except sips of water) for the period specified below, according to the test you are having performed. Prescription drugs are permitted.

Glucose – Fasting: Requires a fast of at least 8 to 12 hours.

Lipid Profile or Triglyceride: Requires a fast of at least 8 to 12 hours.

Glucose or Lactose Tolerance: Refer to: [Preparation for a Glucose or Lactose Tolerance Test Patient Instructions.](#)

NOTE: This includes refraining from consuming coffee or tea in any form because of the effect that caffeine has on the concentration of blood constituents including glucose.

How to Prepare for a Glucose or Lactose Tolerance Test

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

This test must be booked with the blood collection laboratory of your choice.
Your appointment is scheduled for _____ a.m. on _____.

Before the test:

- Have **NOTHING** to eat, chew (including gum or candy) or drink (except small amounts of water) for at least 8 hours and no more than 14 hours before coming to the laboratory.
- You may bring a book or craft because this test will take 2 or 3 hours or more.

When you get to the laboratory:

- It is important that you arrive on time for your appointment. If you do not arrive on time your appointment may be rebooked for another day.
- Register in Admitting before proceeding to the collection area.
- Come directly to the desk and inform the staff that you have an appointment for a tolerance test.
- You will be given a drink and then blood samples will be taken at specified intervals.

During the test:

- You cannot leave the collection area during the test.
- You may not smoke, eat (including gum or candy) or drink (except for small amounts of water) during the test.
- You may use the laboratory washroom.
- Let the laboratory staff know if you feel sick during your test.

How to Collect a 24 Hour Urine Specimen

CAUTION: The bottle may contain a preservative in the form of a liquid/powder which may burn your skin. **DO NOT** remove the preservative from the bottle. Keep the bottle upright so it does not spill. Urinate (pee) into a clean dry plastic container and transfer the urine to the collection bottle. Do not splash when pouring urine into the bottle.



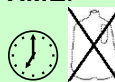
KEEP OUT OF THE REACH OF CHILDREN. IF LIQUID IN BOTTLE IS SPLASHED OR SPILLED, WASH SPILL IMMEDIATELY WITH WATER.

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

- Throw out your first morning urine sample. Make sure your bladder has been completely emptied. Write this time and date on the collection bottle label. This is the **START TIME**.
- Begin collecting urine samples in the bottle the **next** time you urinate (pee). Urinate into a clean dry plastic container and transfer the urine to the bottle.
- Save all the urine from each time you urinate for the complete 24 hour period. **Store in fridge.**
- Collect the **last** urine sample exactly 24 hours after your **START TIME**. Try to collect a urine sample at this time even if you do not feel the urge to urinate. Write this time and date on the collection bottle label. This is the **FINISH TIME**.
- If you try to urinate at the **FINISH TIME** but cannot produce any urine, this is still an acceptable 24 hour urine sample. Write this as the finish time on the label.

EXAMPLE:

First Sample = 7:00 a.m. → throw out
Write time and date on label beside **START TIME**.



Second Sample → Collect and pour entire urine sample into the bottle given to you by the laboratory.



Continue collecting and saving **all** urine samples for the complete 24 hour period.

Last Sample = Next day at 7:00 a.m. → this is the last urine sample. Collect and pour into the bottle. Write the time and date on the label beside **FINISH TIME**.



- Put the bottle in a plastic bag and keep in a cool dark place (example: refrigerator) during the time you are collecting until you bring it to the laboratory.
- Clearly label the bottle with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the **START** and **FINISH** date and times.
- Promptly bring the bottle and requisition to the laboratory. Hand both of them to one of the laboratory staff; do not just leave them on the counter.

NOTE: If one of the urine samples is thrown out by mistake and not added to the bottle, the test must be started over.

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Guide to Laboratory Services

How to Collect a 24 or 72 Hour Stool Sample

(Stool Sample for Fecal Fat)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

How to collect the samples:

- Collect **ALL** stool passed for a 24/72 hour period.
- Collect stool **directly in** the plastic bag provided in the pre-weighed container that is given to you by the laboratory.
- If, during the collection time, the can is getting to be more than 2/3 full, obtain another container from the laboratory to complete the test.

NOTE: Only stool should go into the container. Do not put in toilet paper, urine, plastic wrap or any other foreign material.
It is essential that **all** specimen(s) be collected in the container since the total weight of the specimen is required for an accurate result.

Storage of the container:

- Keep the collection container in a cool place. Do not freeze.
- Keep the lid of the container on tightly

What to do after collecting the samples:

- Clearly label the container and requisition with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the **START** and **FINISH** date and times.
- Promptly bring the container and requisition to the laboratory. Hand both of them to one of the laboratory staff; do not just leave them on the counter.

EXAMPLE:

START Time - 7:00 a.m. Jan. 5, 2011
Collect all stool samples for a complete 24/72 hours.

FINISH Time - 7:00 a.m. Jan. 6, 2011 (24 hour collection)
- 7:00 a.m. Jan. 8, 2011 (72 hour collection)
Write the **START** and **FINISH** times on the requisition and container.

How to Collect a Midstream Urine (MSU)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Before collecting the urine specimen:

- A container will be given to you
- Wash hands with soap and water
- Open the container; be careful not to touch the inside of the container or lid.

Collecting the urine specimen:

- Remove the cap of the sterile container(s). Do not touch inside the cap or the bottle.
- The urine must pass into the container without touching the skin. **FEMALES** should separate the labia and **MALES** should retract the foreskin.
- Pass a small amount of urine into the toilet. **Stop** the flow and then begin urinating directly into the container until half full. **Stop** the flow. Finish urinating in the toilet. If you are requested to collect two samples, then use bottle #1 to collect the first part of your urine and bottle #2 for the remainder.
- Replace the cap of the container(s) tightly, again being sure not to touch inside the cap or the bottle.
- Wash hands after collecting the specimen.

Labeling the urine specimen:

- Clearly label the container and requisition with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the Date and Time of collection.

Delivering the urine specimen:

- Promptly deliver the specimen to the laboratory / physician's office.
- The urine specimen **must** be delivered the same day it is collected.
- Keep refrigerated.

How to Collect a First Stream Urine

(Chlamydia/GC Testing)

Note: This is NOT the same as collecting a midstream urine specimen (MSU).

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Before collecting the urine specimen:

- Do not urinate (pee) for at least one (1) hour before collecting your urine specimen. Do not cleanse the genital area.
- A container will be given to you
- Wash hands with soap and water
- Open the container; be careful not to touch the inside of the container or lid.

Collecting the urine specimen:

- Catch the urine (pee) directly into the container.
- Collect the first part of the urine (initial stream).
- Fill the container about 1/3 full.
- Place lid tightly on the container. Do not touch the edges or inside of the container.
- Wash hands after collecting the urine specimen.

Labeling the urine specimen:

- Clearly label the container and requisition with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the Date and Time of collection.

Delivering the urine specimen:

- Promptly deliver the specimen to the laboratory / physician's office.
- The urine specimen **must** be delivered the same day it is collected.
- Keep refrigerated.

How to Collect a Pinworm Specimen

Note: Specimens are best obtained a few hours after the person has retired, perhaps at 10 or 11 PM, or the first thing in the morning before a bowel movement or bath.

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection container:

- Use the Pinworm Collection Kit provided

Collection Instructions:

- DO NOT wipe or wash the anal area before collecting the specimen.
- Remove lid from container. Sticky paddle is attached.
- Pressed gummed surface of paddle against several areas of the skin around and across the anal opening.
- Replace paddle in container and tighten cap.

After Collecting the Specimen:

- Wash hands thoroughly.
- Clearly label the container with patient's **NAME** and **Provincial Health Card Number** (as they appear on Health Card) and the Date and Time of collection.
- Take the specimen to the laboratory as soon as possible.

How to Collect a Sputum Specimen

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection container:

- Sterile specimen container (C&S)

Collection instructions:

- The sputum specimen obtained should be the result of a deep cough, thick of nature and not saliva.
- Collect an early morning specimen BEFORE breakfast.
- DO NOT use mouthwash, brush teeth, or gargle before collecting the sputum specimen.
- The patient should cough the sputum directly into the sterile container provided.
- Replace the container lid and close securely.

After Collection:

- Clearly label the container and requisition with:
 - **NAME** and **Provincial Health Card Number** (as they appear on your Health Card)
 - the Date and Time of collection
 - specimen source
- Transport the specimen to the laboratory within two (2) hours of collection. If transport is delayed, refrigerate specimen.
- The specimen **MUST** be received in the laboratory within 24 hours of collection.

How to Collect a Semen Sample

(Complete Examination / Post-Vasectomy)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection container:

- Sterile specimen container (C&S)

Before Collection:

- Do not ejaculate (either through sexual intercourse or masturbating) for at least three (3) days before collection.

Collection instructions:

- Collect a sample in the sterile container provided by your physician.
- DO NOT collect the sample in a condom. Condoms contain a powder that destroys sperm.
- Ensure the entire semen sample is collected.
- Securely fasten the cover.

Check that you have:

- Labeled both container and requisition with your **NAME**
- Labeled both container and requisition with your **Provincial Health Card Number** (as they appear on your Health Card)
- Labeled both container and requisition with the Date and Time of collection

Transport:

- Specimen **must** be kept warm (body temperature) until delivery.
- Specimen **must** be received within two (2) hours of collection.
- Bring the specimen directly to the laboratory from 8:00am until 2:00pm, Monday to Friday. Specimens **cannot** be accepted after-hours, on weekends or holidays.
- Hand the specimen and requisition directly to laboratory staff.

How to Collect a Stool Specimen

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection Container:

- Plain Stool Container (for C.diff toxin, Virus, Fecal Fat Stain – Qualitative, Reducing Substance, WBC & H. Pyloric)
- Cary-Blair Stool Container (for Culture) – contains pink gel/fluid
- SAF Stool Container (for Parasites, Giardia/Crypto) – contains clear liquid



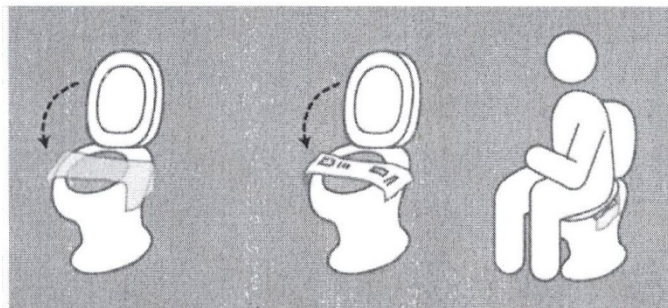
- SAF is a poison, keep out of reach of children
- if swallowed, drink lots of milk or water and IMMEDIATELY call Poison Control Centre 1-800-565-8161

Before Collection:

- DO NOT use a laxative before collecting the stool specimen.
- Empty bladder (pee) completely so that stool sample is not contaminated with urine.

Collection Instructions:

- Use a clean, dry disposable container (example: plastic bucket, paper plate)
OR
- Place plastic wrap or newspaper underneath the toilet seat, but hanging over the water in the bowl. Do not let the water touch the stool sample.



- Using the scoop provided in the container, place an appropriate amount of stool (see below) in the container. Take parts of the stool that are bloody or slimy.
 - A. Plain Stool Container: ½ full.
 - B. Cary-Blair Stool Container: ¾ full, mixing the stool and pink gel/fluid.
 - C. SAF Stool Container: to “fill line” marked on label, mixing stool with the liquid by shaking well.
- Store in fridge. Promptly transport to Laboratory / Physician's Office.

NOTE: Sampling for the same test should be carried out on different days. One stool sample, however, can be used for different containers / tests.
Example: Parasites collected on day 1 and day 2 and day 3. Parasite and Culture and Virus can be collected from stool sample on day 1.

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SWAB COLLECTION PROCEDURE:

GENERAL MICROBIOLOGY NOTES:

- Specimens should be collected before starting antimicrobial agents.
- An adequate amount of sample should be collected. More is better than less. (example: 10 ml of pus is better than a swab) Small amounts will deteriorate by drying, becoming aerobic, whereas larger volumes minimize the risk of false positives.
- The specimen will be processed appropriately if:
 - A) the source is clearly indicated. For example 'swab of the hip' taken in the OR from the joint would be processed quite differently from a superficial 'swab of a hip' ulcer.
 - B) SPECIFIC diagnoses is indicated

A. Perianal Swab:

Swab the perianal skin in an area 3 cm radius from the anus.

B. Genital Tract Specimens:

Female:

➤ Cervix:

- Do not use lubricant during speculum insertion.
- Wipe the cervix clean of vaginal secretions and mucus.
- Rotate a sterile swab, and obtain exudates from the endo-cervical glands.
- If no exudate is seen, insert a sterile swab into the endo-cervical canal, and rotate the swab.

➤ Urethra:

- Collect specimens 1 hour or more after patient has urinated.
- Stimulate discharge by gently massaging the urethra against the pubic symphysis through the vagina.
- Collect the discharge with a sterile swab.
- If discharge cannot be obtained, insert a urethro-genital swab 2 to 4 cm into the endourethra, gently rotate the swab, and leave it in place for 1 to 2 seconds. Withdraw the swab, and submit it in the appropriate transport system for culture.

➤ Vagina:

- For bacterial vaginosis, use a speculum without lubricant. Collect secretions from the mucosa high in the vaginal canal with sterile pipette or swab.

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Male:

➤ Urethra:

- a) Collect specimens at least 2 hours after the patient has urinated.
- b) Insert a thin urethrogenital swab 2 to 4 cm into the endo-urethra, gently rotate it, leave it in place for 1 to 2 seconds.
- c) Withdraw the swab, and submit it in the appropriate transport system for culture.

C. Throat Swab:

- a) Extend sterile swab between the tonsillar pillars and behind the uvula. (Use a tongue depressor to avoid touching the cheeks, tongue, uvula or lips)
- b) Sweep the swab back and forth across the posterior pharynx, tonsillar areas, and any inflamed or ulcerated areas to obtain sample.

D. Fungal Culture:

- a) Clean the surface with sterile water
- b) Using a scalpel blade, scrape the periphery of the lesion border. Samples from scalp lesions should include hair that is selectively collected for examination. If there is nail involvement, obtain scrapings of debris or material beneath the nail plate. Transport in a mycology skin scraping collection kit with heavy black paper, or in a sterile container.

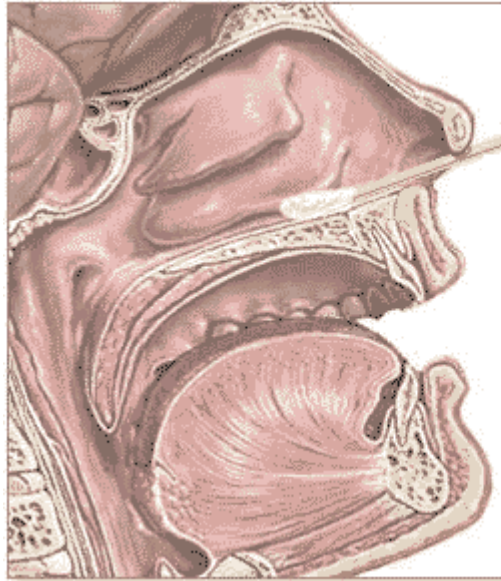
E. Nasopharyngeal Swab:

- a) Use the swab supplied with the viral transport media.
- b) Explain the procedure to patient.
- c) When you collect the specimens, wear gloves and a mask. Change gloves and wash your hands between each patient.
- d) If the patient has a lot of mucus in the nose, it can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucus or clean the nostril yourself with a Q-tip.
- e) To estimate the distance to the nasopharynx, measure the distance from the corner of the nose to the front of the ear and insert the shaft of the swab ONLY HALF THIS LENGTH.
- f) Seat the patient comfortably. Tilt the patient's head back slightly to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
- g) Using the swab provided, gently insert the swab along the medial part of the septum, along the base of the nose, until it reaches the posterior nares – gentle rotation of the swab may be helpful (if resistance is encountered on one side, try the other nostril, as the patient may have a deviated septum).

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- h) Rotate the swab several times to dislodge the columnar epithelial cells. (*note – insertion of the swab usually induces a cough*) Allow the swab to sit in place for 5 – 10 seconds.
- i) Withdraw the swab and place it in the collection tube. Snap the end of the swab to make it fit more easily. Label sample and refrigerate.



A sterile swab is passed gently through the nostril and into the nasopharynx

CYTOLOGY GYNECOLOGICAL COLLECTION PROCEDURE:

NOTES:

- Mid-cycle smears are best for detection of early cancer or its precursor stages.
- Smears should **NOT** be taken for at least two weeks after cauterization or curettage.
- Vaginal douching should **NOT** have been carried out for several days prior to obtaining smears.
- Cotton swabs are **NOT** considered appropriate collection devices for Pap smears.
- There must be at least a 3 month time lapse between smears for epithelial cell regeneration.
- Complete 'Request Form': Age, MRN, site of specimen, clinical history, menstrual history and pre-treatment are necessary for satisfactory identification of the patient and interpretation of the samples.

Pap Smear:

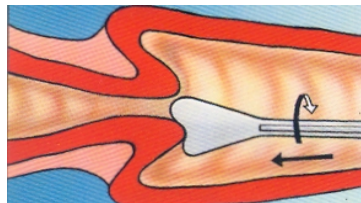
1. Slide:

- a) Use clear glass slide with frosted end.
- b) Patient's first and last name & MRN **MUST** be written on frosted end in lead pencil (proper identification).

2. Do **NOT** use lubricant during speculum insertion.

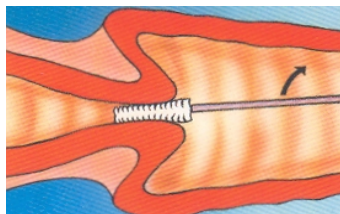
3. Samples:

- a) **Exocervix** : Apply the spatula to the exocervix, ensuring continuous contact between the spatula and cervix. Perform a 360 degree scrape.



- b) **Endocervix**: Insert the endocervical brush into the endocervical canal, ensuring lower bristles are visible. Turn the brush one quarter ($\frac{1}{4}$) turn.

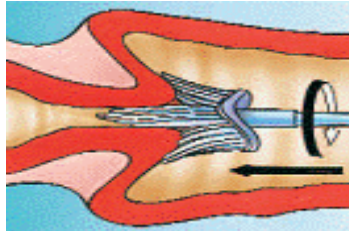
Note: Over rotation may cause cell damage and bleeding.



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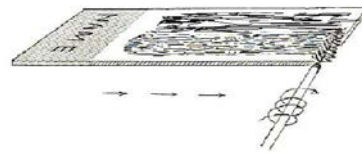
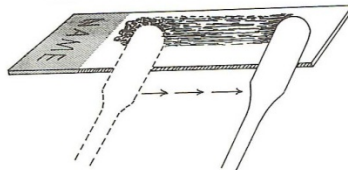
Guide to Laboratory Services

- c) **Endocervical & Exocervical Components:** May be collected simultaneously using a 'Cytobroom'. Insert the central bristles of the broom into the endocervical canal, deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently and rotate the broom in a clockwise direction 5 times.

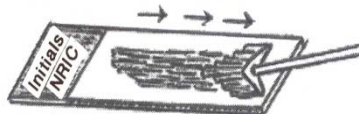


4. Specimen:

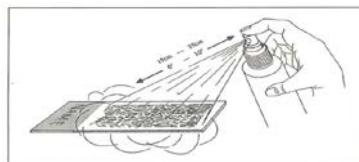
- a) Spread evenly on **one** slide.
- a) Spread spatula in a linear fashion
- b) Spread the endocervical brush in a linear rolling fashion on top of the still moist, previously spread material.



- b) If a cytobroom was used for collection, use a single paint stroke motion to transfer the cellular sample down the long axis of the slide. The broom is turned over and the paint stroke motion is repeated over the same area.



- c) Spray fix slides **immediately** with cytological spray fixative.



- d) Allow slides to dry completely before placing in slide holder.

Hormone Assessment-Maturation Index:

- (a) The sample should be taken as cleanly as possible from the lateral vaginal wall of the vagina at the level of the cervix.
- (b) Spray fix slides **immediately** with cytological spray fixative
- (c) The request form should indicate clearly the problem which is being investigated.
- (d) The report will indicate the proportion in which epithelial cells of varying degrees of maturity occur: i.e. superficial squamous cells, intermediate cells, and parabasal cells.

CYTOLOGY NONGYNECOLOGICAL COLLECTION PROCEDURE:

NOTES:

- Complete '**Request Form**': Age, MRN, site of specimen, clinical history, menstrual history and pre-treatment are necessary for satisfactory identification of the patient and interpretation of the samples.
- All samples should arrive mixed with an equal (approximate) volume of 50% alcohol fixative (50% ETOH) to ensure preservation of cellular material. **Exception:** SPUTUM
- Deliver samples **ASAP** to the Laboratory.



Sterile Collection Containers for Fluid/Sputum Cytology

Sputum:

- Obtain early morning specimen on 3 consecutive days. Instruct the patient to:
 - a) cough deeply upon awakening
 - b) expectorate all sputum (NOT saliva) produced during the next hour into the C & S container.
- Submit specimen (fresh & unfixed) to the Laboratory for cytological evaluation.

Bronchial Washings:

- Immediately mix the fluid obtained with an equal volume (approximate) of 50% alcohol fixative.
- Rinse the collection tube with alcohol and add the washings to the specimen.
- Submit each site collected in a **separate** C & S container that is clearly labeled with:
 - a) Patient information
 - b) Specimen Type & Site

Bronchial Brushings:

- Brush tip should be clipped and sent to Laboratory in C & S container with enough 50% alcohol to cover the brush.
- Submit each site collected in a **separate** C & S container that is clearly labeled with:
 - a) Patient information
 - b) Specimen Type & Site

Serous Fluids (e.g. Pleural, Peritoneal, Pericardial):

- Immediately mix the fluid obtained (or an aliquot) with an equal volume (approximate) of 50% alcohol fixative.
- **Amount of Specimen:** Approximately 50 mL in a C&S container
- Submit any tissue fragments as well – for preparation as a cell block by the Laboratory.

Urine:

- Immediately mix 'fresh early morning' urine (but NOT the first voided of the day) with an equal volume (approximate) of 50 % alcohol fixative.
- **Amount of Specimen:** Approximately 20 mL in a C&S container.
- **Catheterized or Cystoscopic Urine:** acceptable but must be labeled as such.

Bladder Washings:

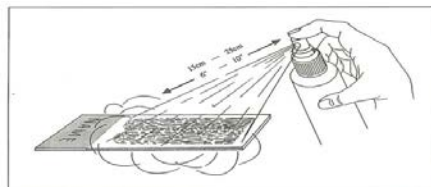
- The fluid obtained should be mixed immediately with an approximately equal volume of 50% alcohol fixative in a C&S container.
- Sample must be clearly labeled as a Bladder Washing.

Gastrointestinal:

- Gastric washings and brushings should be collected following the same instructions as bronchial washings and brushings.

Breast Secretions:

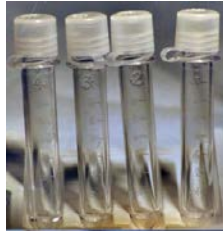
- Clear glass slide with frosted end must be used. Patient's first and last name, and MRN must be written on frosted end in lead pencil to allow for proper identification.
- Slide should be touched to the discharged material and the fluid spread evenly with the end of another slide.
- Smear should be fixed immediately with cytological spray fixative.



- Allow slides to dry completely before placing in slide holder

Cerebrospinal Fluid (CSF):

- **Amount of Specimen:** A minimum of 1ml of specimen is required.
- When possible, the fluid obtained should be mixed immediately with an approximately equal volume of 50% alcohol fixative.
- Delay in preservation and examination may result in degeneration of cellular material.



Collection Tubes for CSF Cytology

Fine Needle Aspirates (FNA):

- **Collection Procedure:**
 1. Insert the needle into the mass (usually a 22 gauge needle will suffice) and gently move the needle tip to loosen cells.
 2. Aspirate by drawing back on the syringe.
 3. Without releasing the negative pressure, redirect the needle within the target at least 3 times.
 4. Release the negative pressure and let the plunger return to the resting position.
 5. Remove the syringe.
 6. Once removed, separate the needle from the syringe and draw back to fill the syringe with air.
 7. Reconnect the needle and express the material into collection container of 50% alcohol fixative.
 8. Rinse the needle 2-3 times in the alcohol fixative to ensure all of the diagnostic material is collected in the container.
- Submit each site collected in a **separate** C & S container that is clearly labeled with:
 - a) Patient information
 - b) Specimen Type & Site



Red Stopper Collection Tube or Sterile Collection Container for FNA Cytology

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Guide to Laboratory Services

HUMAN PAPILLOMAVIRUS (HPV) COLLECTION

NOTE:

- Test Kit available from Cytology Department **if testing criteria is met.**
- Contact: 902-894-2300

CERVICAL SAMPLER: INTENDED FOR SINGLE USE ONLY (DO NOT REUSE)

SurePath vial must be labeled with full patient name and MRN.

Pregnant Patients:
The Cervix-Brush® should not be used on patients after the first 10 weeks of pregnancy.

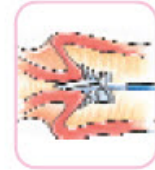
For more detailed collection instructions see:

www.bmpath.com/documents/Surepath%20Visual%20Sheet.pdf

SurePath™ Sample Collection with Broom-Type Device with Detachable Head⁵

1. Collect

Insert the Rovers Cervix-Brush® into the endocervical canal. Rotate brush five times in a clockwise direction.



2. Drop

Drop the detachable head of the device into the SurePath™ vial.



3. Send

Place the cap on the vial and tighten. Send the SurePath™ vial to the lab for processing.



Contraindication: The Cervix-Brush® should not be used on patients after the first 10 weeks of pregnancy.

Transporting Specimens

NOTE:

- Transportation of Dangerous Goods establishes the guidelines for transporting diagnostic specimens to the Laboratory.
- **STAT** (priority) requests should be immediately transported to respective laboratory.

1. Primary containers (specimens) should be properly sealed and identified.
DO NOT roll specimen in the requisition or attach specimen to the requisition using tape, elastics, staples or patient demographic labels.
2. Blood tubes should be:
 - Transported upright in sponges packed in
 - Opaque polystyrene secondary containers which are placed in
 - Special totes (provided to major clinics by Facility) or coolers.
3. According to TDG (Transportation of Dangerous Goods) Guidelines, specimens should be sealed in a plastic bag with sufficient absorbent (paper) to soak up any spills.
4. An ice pack may be used to keep specimens cool during transport. Contents should not come in contact with the icepack.
5. Requisitions / Mail must be packaged separately (from specimens & ice packs) in a plastic bag to avoid contamination should an accident occur.
6. **Protection of Privacy:** Patient information should not be visible to the public.
 - Use of opaque secondary containers (Patient information on specimens)
 - Use of totes (Patient information on requisitions/specimens)
 - Use of 'Mail' bags provided by Facility
7. Transport all specimens with minimum delay. See Laboratory Information Manual (LIM) for detailed storage and transport instructions.
8. Sender information should be supplied (as a label) with the container to ensure prompt return of the container.
9. For health and safety reasons, all transport containers should be disinfected on a regular basis.

NOTE:

- For all other information regarding the transport of biomedical specimens, please refer to <http://www.tc.gc.ca/tdg/clear/tofc.htm> .
- This website details the requirements of packaging, labeling and documentation needed for the transport of infectious material and diagnostic specimens.

Health PEI

Guide to Laboratory Services

Criteria for Rejection of Specimens

IT IS THE POLICY OF THE DEPARTMENT OF HEALTH AND WELLNESS TO REJECT LABORATORY TEST SPECIMENS ON THE BASIS OF IMPROPER IDENTIFICATION, UNUSUAL BIOLOGICAL HAZARD OR SPECIFIC TECHNICAL CRITERIA.

NOTES

1. IN THE CASE OF A SPECIMEN REJECTION:
 - A REQUEST FOR ANOTHER SPECIMEN WILL BE MADE AS SOON AS POSSIBLE.
 - REASON FOR REJECTION WILL BE SPECIFIED ON THE REPORT
2. SPECIMENS FOR BTS WILL BE EVALUATED ACCORDING TO THE TRANSFUSION SERVICE POLICY.

1. SPECIMEN IDENTIFICATION

The adequacy of the identification will be determined by the Laboratory based on the availability of two independent identifiers, one of which is unique:

- Last name and given name(s) of patient as they appear on current Provincial Health Card (PHC).
- Correct Medical Record Number (MRN) / Provincial Health Number (PHN)
 - In certain cases the MRN may be replaced by another unique numerical identifier (Example: RCMP number, military number, provincial health number – province **must** be identified)
 - Date of birth is not acceptable as an identification number

The two identifiers on the specimen should match those on the requisition. As long as these identifiers match and are correct according to Cerner and the Patient Registry, the specimen will be processed.

2. UNLABELED SPECIMENS

Unlabeled specimens will be rejected, except in exceptional circumstances. Exceptional circumstances may include specimens that cannot be recollected such as:

- CSF
- Blood cultures after the patient has been started on antibiotics
- Timed specimens
- Neonatal collections
- Blood gases
- Surgical specimens

3. MISLABELED SPECIMENS / REQUISITIONS

Mislabeled specimens / requisitions will be rejected, except in exceptional circumstances as indicated above (#2).

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Guide to Laboratory Services

Examples of discrepancies include:

- Missing one of the acceptable identifiers
- Wrong MRN
 - MRN belongs to another patient
 - Missing / cutoff number(s)
 - Reversal of numbers
 - "000000000" MRN's
- Wrong name
 - Wrong given name (example: parent's name on child's specimen)
 - Misspelled last name / given name(s)
 - Name discrepancies (example: improper use of hyphenated last names)
 - Missing characters due to "cut off" label
 - Reversal of letters (example: Simth instead of Smith)
 - Use of nicknames (example: Betty instead of Elizabeth)
- Requisition and specimen do not match

4. UNLABELED REQUISITIONS

In the case of incomplete requisitions, the lab may choose not to analyze the sample. If possible, the client will be contacted to fax a complete requisition.

5. TECHNICAL CRITERIA

- Insufficient quantity of specimen
- Sample integrity (example: hemolysis, lipemia, clotted)
- Wrong specimen container
- Collection protocol not followed (example: too frequent collection, non-fasting, incorrect order of draw)
- Transportation protocol not followed (example: not on ice, delay in transport, sample left on clot)

6. OUT-OF-PROVINCE REFERRALS

The laboratory may reject samples which do not meet criteria for specialized testing.

Whenever possible, specimens are batched and sent weekly. Possible difficulties resulting from statutory holidays, weather or labour problems should be kept in mind when specimens are collected.

7. SAFETY CRITERIA

All specimens received in the laboratory must be received in a biologically safe condition.

Specimens, specimen containers and/or requisitions that have become contaminated through leakage or spillage will be discarded without being processed except in exceptional circumstances (see #2 above).

Omni-Assistant DOC ID: 6591	NOTE: This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.	SECTION: F10 (Page 2 of 2)
		Revised: 2014.09.15

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Guide to Laboratory Services

Ordering Supplies from the Laboratory

- The “PROVINCIAL LABORATORY SUPPLIES REQUEST FORM” must indicate clearly the following information:
 - Name of Facility/Physician ordering the supplies
 - Name and phone # of the contact person
 - Request Date of the order
- The **REQUIRED QUANTITIES** must be clearly indicated on the order form.
- Orders will take from 1 to 2 weeks to be completed.
- You will be advised if there is a problem with your order.

NOTE:

Orders **WILL NOT** be filled if:

- There is no contact name on order
- The ‘Office/Location’ is not clearly indicated
- The order is phoned or faxed in (hard copy requests only)

Health PEI

Guide to Laboratory Services

Provincial Laboratory Supplies Request Form

Provincial Laboratory Supplies Request Form

Please Note: No Telephone Orders Please Allow 1-2 Weeks for Order Completion

Ordering Facility/Physician: **Facility/Physician** Request Date: **Request Date** Requestor Name: **Requestor Name** Requestor Signature: _____

Contact Number: **Contact #** Note to Stores: _____

Ordered	Shipped	General Supplies at Media Prep	Ordered	Shipped	Maximum	
		24 Hr Urine Bottle No Preservative-Each				701110.0015, Blood Culture Bottle Plus Aerobic 1F (Blue), S-442192, Case/50 or Each
		24 Hr Urine Bottle with Acid Preservative-Each				701110.0010, Blood Culture Bottle Lytic AnaerobicF(Purple),S-442265, Case/50 or Each
		24 Hr Urine Bottle (Porphyrins)-Each				701110.0005, Blood Culture Bottle Peds Plus F (Pink), S-442194, Case/50 or Each
		24 Hr Urine Bottle(Porphobilinogen & ALA)- Each			10 Box	705110.0010, Vacutainer Tubes, Grey 6 ml, S- 367925, Box/100
		24 Hr Urine Bottle (Heavy Metals)-Each			5 Box	705110.0014, Vacutainer Tubes, Blue 4.5 ml, S-369714, Box/100
		24/ 72Hr Stool Container (Fecal Fat)-Each			20 Box	705110.0020, Vacutainer Tubes, Red 6 ml, S-367815, Box/100
		Stool Container (Cary-Blair C/S)-Each			5 Box	705110.0025, Vacutainer Tubes 2.7mL TNT, Blue, S-363083, Box 100
		Stool Container (Plain)-Bag 200 or Each			20 Box	705110.0030, Vacutainer Tubes, Lavender EDTA (CBC) 3 ml, S- 367856, Box/100
		Stool Container (SAF-Parasites)-Each			10 Box	705110.0031, Vacutainer Tubes, Purple, EDTA, 6ml, S- 367863, Box/100
		Chlamydia Kit (Female)-Each			10 Box	705110.0035, Vacutainer Tubes, Green 6ml, S-367886, Box/100
		Chlamydia Kit (Male)-Each			20 Box	705110.0040, Vacutainer Tubes ,Yellow (SST) 5ml, S-367986, Box/100
		Fungus Collection Kit-Each			80	701010.1914, Formalin Containers, Prefilled for Small Biopsy Collections, Each
		PKU Specimen Collection Cards-Each			10 Box	606311.0001, Blood Collection Needles, Multisample, Sterile,Eclipse 18 G x 1 1/2",S-305766, Box /100
		Pinworm Kit-Each			5 Box	705110.0122, Hemogaurd Tubes, Green, S-367886, Box 100
		Viral Swab-Each			20 Box	705110.0225, Blood Collection Needles, Multisample,Sterile,Eclipse 21 G x 1 1/4",S-368607 Box/48
		Cytology Slides Box 72			20 Box	705110.0230, Blood Collection Needles, Multisample,Sterile,Eclipse 22 G x 1 1/4", S-368608, Box/48
		Microslide Mailer Pkg 12			3 Box	705110.0060, Blood Collection Set (Butterfly) , 12" Tubing w/leur adapter, 23 G,S-367283, Box /50
						705010.0135, Occult Blood FIT Collection Containers, Box/100 or Each
						606555.0020, Swab, Alcohol Prep, Pleated, S-HAS200, Box/200
						606190.0035, Absorb. Balls, Rayon, Large, Bag/1000
						606145.0010, Gauze, Unsterile 2x2 12 Ply, Box/100
					20 Box	705110.0235, Blood Collection Holders, S-364815, Each
					5 Box	705110.0105, Tourniquet, Blue (Latex Free) S-367203, Box/25
					3 Box	606415.0015, Syringe, Disposable, 10CC, S-309604, Box/100
					24	701010.0116, Glucose Tolerance Orange Drink 50g, 11006-153, Each
					24	701010.0115, Glucose Tolerance Orange Drink 75g, 11006-155, Each
						101005.0080, Form, Outpatient Services (PCH Only)
						101005.0110, Form, Physician Orders (PCH Only)
						606190.0045, Dressing, Patchettes, Airstrip Wound, Sterile, 2.2 x 2.2cm (Spot), S-3MCS401
						701010.0046, Pif 10% Formalin 60/30mL Pp 75 x 30mL, S-23316155 (PCH Only)
					6 Bags	705010.0040, <u>Ames Swab Transport Kit (No Charcoal)</u> , S-CA66410-103, Bag 50 ◀ Micro Culture Swabs
					8 Bags	705010.0035, <u>Sterile Bottle (Sputum,Urine, etc.)</u> , Bag 100 ◀ Sterile Bottle (Sputum, Urine)
						705110.0357, ESR Vacuum Tubes, S-EX10205 (PCH Only)

Media Prep

Stores

Forms

MP Order Filled By: _____

MP Order Fill Date: _____

Stores Order Filled By: _____

Stores Order Fill Date: _____

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White Copy- Media Prep

Yellow Copy- Materials Management

Pink Copy- Requestor

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SECTION: G20
Revised: 2014.09.15

SWEAT CHLORIDE PAMPHLET:
<http://www.healthpei.ca/laboratoryservices>

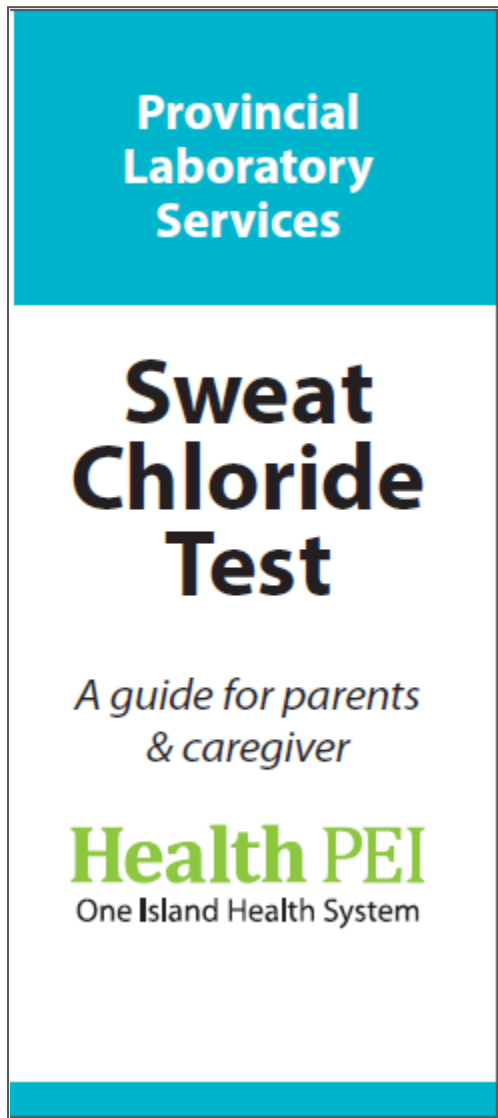
Resources:

- [Patient Laboratory Instructions & Information](#)
- [Laboratory Memorandums](#)
- [Laboratory Quick Reference Guide To Test Orders](#)
- [Laboratory Requisitions](#)
- [Quality Time Newsletters](#)



Patient Information Pamphlets

- [Sweat Chloride Test \(en Francais\)](#)
- [Blood and Blood Transfusion: A patient guide \(en Francais\)](#)
- [Newborn Blood Collection](#)



ANSWERS TO THE FOLLOWING QUESTIONS:

- WHY IS IT DONE?
- WHERE IS THE SWEAT TEST DONE?
- WHEN IS THE TEST PERFORMED?
- WHAT DO I NEED TO BRING WITH ME?
- WHEN YOU ARRIVE AT THE QEH
- PREPARATION
- WHAT HAPPENS DURING A SWEAT TEST?
- HOW WILL THE TEST FEEL?
- REMOTE RISK POSED (1:50,000)
- RESULTS

BLOOD & BLOOD PRODUCT PAMPHLET: <http://www.healthpei.ca/laboratoryservices>

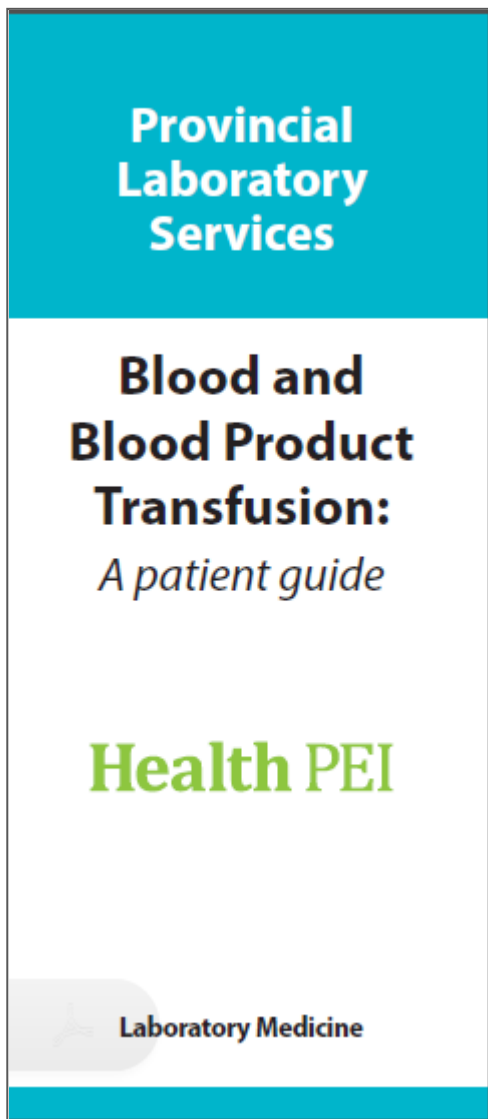
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ANSWERS TO THE FOLLOWING QUESTIONS:

- WHAT IS A BLOOD TRANSFUSION?
- WHY DO I NEED A BLOOD TRANSFUSION?
- HOW IS BLOOD DONATED AND SCREENED?
- OTHER TYPES OF BLOOD DONATIONS
- WHAT IS BLOOD MADE UP OF?
- WHY AM I GETTING A BLOOD TRANSFUSION?
- WHAT IS MY BLOOD TYPE?
- AM I GETTING THE RIGHT BLOOD?
- WHAT ARE THE RISKS?
- SIGNS & SYMPTOMS OF AN ADVERSE TRANSFUSION REACTION
- HOW CAN I AVOID A TRANSFUSION?

NEWBORN BLOOD COLLECTION PAMPHLET:
<http://www.healthpei.ca/laboratoryservices>

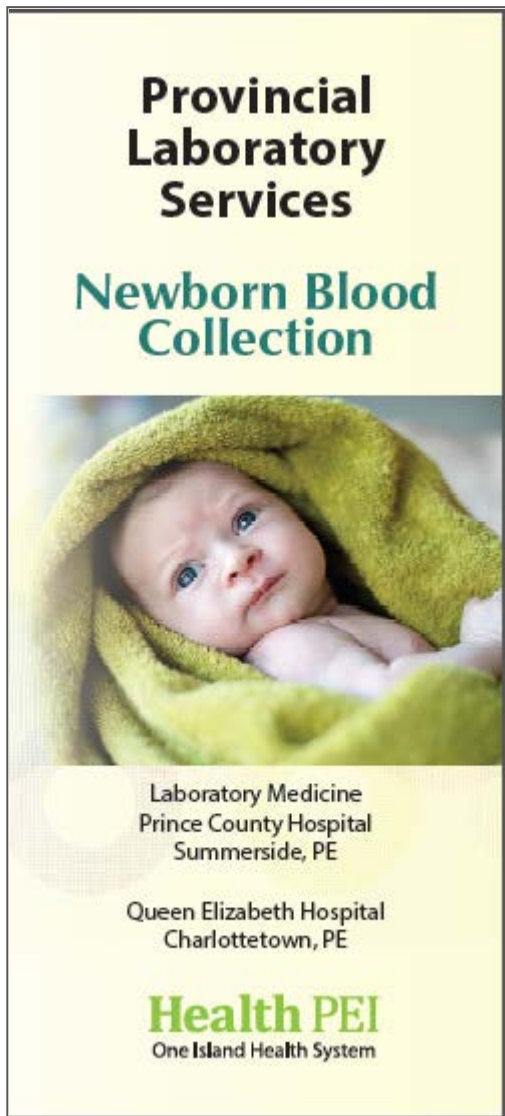
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- [Blood and Blood Transfusion: A patient guide \(en Francais\)](#)
- [Newborn Blood Collection](#)



ANSWERS TO THE FOLLOWING QUESTIONS:

- WHAT IS IT?
- WHY DOES MY BABY NEED TO HAVE A BLOOD SAMPLE TAKEN?
- HOW CAN I BE PREPARED FOR MY BABY'S BLOOD TEST?
- HOW IS THE HEEL PICK DONE?
- QUALITY OF BLOOD SAMPLES
- RESULTS

Health PEI

Guide to Laboratory Services

Appendix:

ALTERNATIVE SPECIMEN IDENTIFIERS

Specimens being submitted on individuals from outside of PEI still require 2 independent identifiers on both the specimen and the requisition.

A. Patients from other Provinces

- Provincial health number
- Province **must** be identified
- Expiry date must be provided

Example:

ON 1234 567 897 exp. 2012-03-25
QC ABCD 1234 5678 exp. 2014-06-21

B. Non Canadian Patients

When a unique identifier is not available:

- Three letters representing the country from which they come
- Date of birth in the format ddmmyr

Examples:

USA050693 (American patient born June 5, 1993)

Or

ENG300948 (British patient born September 30, 1948)

C. RCMP Patients

Use the MRN/PHN as the unique patient identifier.

If unavailable, the RCMP number is acceptable as a unique identifier

Example: John Doe RCMP #123456

NOTE

Every patient registered in Cerner will be assigned an MRN. This assigned MRN can be found on the laboratory report, and **should** be used in replacement of the non-PEI unique identifier for subsequent visits.

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		Revised: 2014.09.15