



**Instructions to Complete Clinical Microbiology Laboratory Test Requisition**

<input type="checkbox"/> <b>Copy to</b>		PHN/Health Care Number <b>123456789</b>	Chart# <b>015368859-8</b>	Visit# <b>Lab N11485</b>
Last Name _____ First Name _____ Facility name _____ Address _____ Fax # _____		<input checked="" type="checkbox"/> M Patient Legal Name (Last) (First) (Initial) <input type="checkbox"/> F <b>Smith John</b>		Birthdate DD MM YY <b>26 11 1938</b>
<b>Full name, address &amp; fax number MUST be provided</b>		Outpatient Address <b>123 Main Street</b>		Outpatient Phone <b>204-555-1234</b>
		Ordering Address/Location <b>ED1</b>		Physician Code <b>0000</b>
Date Specimen Collected DD MM YY <b>10 01 2010</b>	Time (24 h) <b>1430</b>	Report Address if Different		
Collector <b>S. Jones</b>		Ordering Physician/Practitioner <b>Dr. S. Jones</b>		Physician Critical Results Phone Number <b>204-555-6789</b>

**On The Requisition**

• Patient name (last name, first name)	• Name of Ordering Physician/practitioner
• PHIN # or Unique Identifier if PHIN unavailable (see below)*	• Collector (initials)
• Date of birth (DD/MM/YY)	• Collection date
• Gender	• Test requested
• Patient location (ward/clinic/nursing unit)	• Specimen type/source

**On the Specimen Container**

• Patient name (last name, first name)	• Specimen type/source
• PHIN # or Unique Identifier	

\*Other unique identifiers include: Medical Records #, First Nation Inuit or Aboriginal Health # (10-digits), RCMP #, MHSC family number for newborn, Military #, inmate # if incarcerated, if not a Canadian state: "Private Patient", if test paid by Insurance Company state "Insurance Company Name", if immigrant state "immigration" as per DSM 100-50-4 and DSM 10-50-03.

If another physician requires a copy of the report, the "**Copy To**" section **must** be completed with the physician's full name, location (address), and fax number.

All information available in relation to the patient as outlined in this section **must** be entered. This information will be used by the laboratory to determine how the sample is processed. **Failure to provide such information may result in sub-optimal sample workup.**

**Diagnosis/Relevant Clinical Information**

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<input type="checkbox"/> UTI symptoms (any of; flank pain, frequency, dysuria)	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Animal bite
<input type="checkbox"/> Necrotizing fasciitis	<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Penicillin allergy
<input type="checkbox"/> MRSA positive		<input type="checkbox"/> Human bite

**Diagnostic Information:** \_\_\_\_\_

**Ordering Tests:** Use one requisition per specimen only (unless multiple samples taken from the same source/site to provide sufficient specimen volume when multiple tests are ordered)

**To order a test:** Place an "X" in the box that describes the specimen being sent and the test being ordered.

**Example #1:**

**Example #2:**

<b>Blood: Two-site collection is recommended for all patients &gt;27 Kg</b>		<b>Sterile Fluids</b>	
<input checked="" type="checkbox"/> Blood culture	<input checked="" type="checkbox"/> Peripheral draw Site (specify) <b>L ACF</b>	<input type="checkbox"/> CSF	<b>Test:</b> <input checked="" type="checkbox"/> Bacterial culture – aerobic
<input type="checkbox"/> ASOT	<input type="checkbox"/> Central venous/arterial catheter Site (specify)	<input type="checkbox"/> Bone marrow	<input type="checkbox"/> Bacterial culture – anaerobic
<input type="checkbox"/> Heterophile antibody (Mono test)		<input checked="" type="checkbox"/> Fluid (site) <b>L Knee</b>	<input checked="" type="checkbox"/> Yeast culture (e.g. <i>Candida</i> , <i>Cryptococcus</i> )
		<input type="checkbox"/> Cryptococcal Ag	<input type="checkbox"/> Moulds & systemic mycoses (e.g. <i>Aspergillus</i> , <i>Blastomyces</i> )
			<input type="checkbox"/> Mycobacterial culture (AFB)

**Microscopy and susceptibility tests are automatically done when appropriate; no need to order these on the requisition.**

**Note:**

- **C&S is a term no longer used.** The term "Bacterial culture-aerobic" in the test request area on the requisition is synonymous with C&S.
- "Bacterial culture-anaerobic" is **ONLY** requested when the ordering physician is specifically suspecting anaerobic organisms. **\*\*Must supply relevant clinical information with this request.** Requests without justification will be rejected for anaerobic culture.
- Swab samples from fluids or wounds are suboptimal. Always submit aspirates or tissues when possible.
- Tests done by Cadham Provincial Laboratory continue to require a Cadham Provincial Laboratory requisition. (Please refer to the CPL Laboratory Information Manual for completion of the CPL requisition.)
- Specimen collection practices (i.e., specimen source, specimen quality, specimen quantity) directly impact microscopy, culture, and molecular testing results generated by clinical microbiology laboratories for patients. Consult the online DSM Laboratory Information Manual (LIM) system ([www.dsmanitoba.ca](http://www.dsmanitoba.ca)) for specific specimen collection guidelines. Additional information on specimen collection is available by phoning a DSM Clinical Microbiology Laboratory.