For PDF Fillable Requisitions, the following applies:

- 1. The form shall be completed using a Digital Health assigned computer.
- 2. Absolutely no personal health information shall be electronically saved on a computer.
- 3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
- 4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
- 5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
- 6. Do not print unnecessary duplicate copies of the form.
- 7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

## CLINICAL MICROBIOLOGY LABORATORY TEST REQUISITION ONE SPECIMEN PER REQUISITION

Lab use only

* Lask & Full First Name: <ul> <li>* Card First Name:</li> <li>* Card Birth: Male</li> <li>* Park Birth:</li> <li< th=""><th colspan="4">Fields marked with * are mandatory and must be clearly legible or can result in specimen reject</th><th></th><th></th><th></th><th></th></li<></ul>	Fields marked with * are mandatory and must be clearly legible or can result in specimen reject								
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□ Cardia Vendoy Arteria Latheter - Specify site:       □         □ CSF       □ Pertussis PCR nasopharyngeal aspirate/swab) - Churchill, Thompson only         □ CSF       □ Batterial culture - aenobic         □ Fluid - site:       □         □ CSF       □ Batterial culture - aenobic         □ Fluid - site:       □         □ CSF       □ Batterial culture - anaerobic         □ Funda Vendos       □ Mycobacterial culture (AFB)         □ Conjunctiva Cornea       □ Bacterial culture (AFB)         □ Conjunctiva Cornea       □ Bacterial culture (eyes)         □ Vitreous fluid       □ Fungal culture         □ Middle ear/drainage fluid       □ Acanthamoeba culture (eyes)         □ Middle ear/drainage fluid       □ Acanthamoeba culture (eyes)         □ Middle ear/drainage fluid       □ Culture - aenobic         □ Bacterial culture (areal)       □ Bacterial culture (AFB)         □ Borostici □ Fluid ear/drainage fluid       □ Acanthamoeba culture (eyes)         □ Middle ear/drainage fluid       □ Acanthamoeba culture (eyes)         □ Bacterial culture - aaerobic       □ Bacterial culture (AFB)         □ Borochial subfication:       Test:         Mission Cospecify site):       □ Conjunctiva Raterial culture (AFB)         □ Bacterial culture (arearobic       □ Bacterial culture (AFB)									
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Cryptococal antigen (check one)       Fungal culture         CSF       Blood         Mycobacterial culture (AFB)       Sputum expectorated       Bacterial culture - aerobic         Pers:       Left       Right       Fungal culture         Orightoxina       Bacterial culture       Sputum expectorated       Bacterial culture (AFB)         Orightoxina       Comparison       Pungal culture       Pungal culture         Pers:       Left       Right       Bacterial culture       Bacterial culture         Orightoxina       Comparison       Pungal culture       Bacterial culture       Bacterial culture         Indicate ear/drainage fluid       Fungal culture       Bacterial culture       Bacterial culture       Bacterial culture         MRSA       Nose       Other (specify site):       Canter       Specimen       Type/Source:       Symptomatic patient       Power respiration is provided.         Mounds/Stin/Abscesses/Surgical Specimens/Tissues       Specinen       Canter       Other (specify):       Bacterial culture - aerobic       Bacterial culture - aerobic       Bacterial culture - aerobic       Bacterial culture - aerobic       Spsis         Specinen Type/Source:       Fungal culture       Mycobacterial culture (AFB)       Other (specify):       Suspectorated pelonephritis       Other (specify):			*For molecular viral studies, please use Cadham Provincial Laboratory requisition						
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External Canal       Difficient of the specify site is a candida spp. With be performed only if clinical justification is provided.         Antibiotic Resistant Organisms       Specimen       Clinical justification is provided.         MRSA       Nose       Other (specify site):       Image: Control of the specify site):       Image: Cont		•							
□ Middle ear/drainage fluid       performed only if clinical justification: is provided.         Antibiotic Resistant Organisms       Specimen         MRSA □ Nose □ Other (specify site):	C Acanthamoeda culture (eyes)								
Antibiotic Resistant Organisms       Specimen       Clinical Justification:       Test:         MRSA    Nose    Other (specify site):					performed only if clinical justification is provided.				
CPE       Rectal       Other (specify site);						<b>Clinical Justification:</b>		Test:	
Wounds/Skin/Abscesses/Surgical Specimens/Tissues <ul> <li>Gatheter</li> <li>Gatheter</li> <li>Gatheter</li> <li>Suspected pyelonephritis</li> <li>Suspected pyelonephritis</li></ul>	MRSA 🛛 Nose 🗳 Other ( <i>specify site</i> ):			Type/Source	e: <u>Symptomatic patient</u>			Routine culture	
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Specify site:				Catheter					
□ Device - specify type:       □ Bacterial culture - aerobic       □ Sepsis       □ Sepsis       □ Sepsis         □ Orthopedic revision       □ Bacterial culture - anaerobic       □ Fungal culture       □ Pregnant       □ Renal Transplant         □ Swab       □ Tissue/biopsy       □ Mycobacterial culture (AFB)       □ Gastrointestinal Tract Specimens       □ Stool Olycobacterial culture (AFB)         □ Swab       □ IV catheter tips       □ Mycobacterial culture (AFB)       □ Gastrointestinal Tract Specimens         □ Ulcer       □ IV catheter tips       □ Stool Culture       □ Stool Culture)       □ Gastrointestinal Culture (AFB)         □ Stoin scrapings       □ Aspirate       □ Stool Stool Nycobacterial culture (AFB)       □ Genital Tract Specimens         □ Culture       □ Pinworm (Westman Lab only)       □ H. pylori (biopsy culture)       □ Gastric Wash – Mycobacterial culture (AFB)         □ Specify:       □ Specify Site:       □ Genital Tract Specimens       □ Trachomonas       □ Culture (pre-pubescent only)         □ Trichomonas       □ Culture (pre-pubescent only)       □ Trichomonas       □ Culture (pre-pubescent only)         Specify:       □ Trichomonas       □ Culture (Dre-pubescent only)       N. gonorrhoeae culture:       □ Cenix □ Urethra       □ Other (specify site):       □ Trichomonas       □ Culture [Dre ravis]       □ Other (specify site):       □ Other (specify site):			Other (spe	ecify):					
□ Orthopedic revision       □ Bacterial culture – anaerobic       □ Pregnant       □ Renal Transplant         Specimen Type/Sure       □ Fungal culture       □ Pregnant       □ Renal Transplant         □ Swab       □ Tissue/biopsy       □ Mycobacterial culture (AFB)       Gastrointestinal Tract Specimens         □ Stoin culture       □ No catheter tips       □ Stool Culture       □ Stool Mycobacterial culture (AFB)         □ Stoin culture       □ Stool Culture       □ Stool Mycobacterial culture (AFB)         □ Stoin culture       □ Stool Mycobacterial culture (AFB)       □ Stool Culture       □ Stool Mycobacterial culture (AFB)         □ Stoin culture       □ Stool Mycobacterial culture (AFB)       □ Gastric Wash – Mycobacterial culture (AFB)         □ Stool culture       □ Stool Mycobacterial culture (AFB)       □ Gastric Wash – Mycobacterial culture (AFB)         □ Stool culture       □ Stool Mycobacterial culture (AFB)       □ Gastric Wash – Mycobacterial culture (AFB)         □ Stool culture       □ Stool Mycobacterial culture (AFB)       □ Gastric Wash – Mycobacterial culture (AFB)         □ Bacterial vaginosis/Specimens       □ Gastric Wash – Mycobacterial culture (AFB)       □ Gastric Wash – Mycobacterial culture (AFB)         □ Stopic fig:       □ Stopic fig:       □ Gastric Wash – Mycobacterial culture (AFB)       □ Gastric Wash – Mycobacterial culture (AFB)         □ Stopic fig:       □ St									
Specimen Type/Source: -   Guilding -   Swab Tissue/biopsy   Ulcer IV catheter tips   Skin scrapings -   Bone chips -   Other Tests/Specify: -   Specimen: Specify:   Specify: -   Test(s) Specify: -   Specify: -   Stati formation/rest justification: *   The Pas 204.623.6431 ext 30160   * SBH 204.237.2484   * The Pas 204.623.6431 ext 30160   * SBH 204.237.2484									
Image: Swab       I Tissue/biopsy         Image: With a constraint of the second state of the second	·					ē			
Swab       Tissue/biopsy         Ulcer       IV catheter tips         Skin scrapings       Aspirate         Bone chips       Stool culture         Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval       Genital Tract Specimens         Specimen:       Specify Site:         Specimen:       Specify Site:         Clinical information/test justification:       * The Pas 204.623.6431 ext 30160         * HSC 204.787.1273       * The Pas 204.623.6431 ext 30160         * SBH 204.237.2484       * Thompson 204.677.5304 ext 2216    Gastrointestinal Tract Specimens Genital specimen for culture: Ulva Penis Urethra Labia						÷.	U		
Skin scrapings       Aspirate         Bone chips       C. difficile toxin       Pinworm (Westman Lab only)         H. pylori (biopsy culture)       Gastric Wash – Mycobacterial culture (AFB)         Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval       Genital Tract Specimens         Specimen:       Specify Site:       Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)         Test(s) Specify:       Trichomonas       Culture (pre-pubescent only)         Clinical information/test justification:       * The Pas 204.623.6431 ext 30160       Vagina/Rectal:       Group B Streptococcus screen (pregnant only)         *HSC 204.787.1273       * The Pas 204.623.6431 ext 30160       N. gonorrhoeae culture:       Cervix       Urethra       Other (specify site):       Other genital specimen for culture:       Vulva       Penis       Urethra       Labia	Swab Tissue/biopsy	b 🗖 Tissue/biopsy							
<sup>1</sup> Skin scrappings <sup>1</sup> Aspirate <sup>1</sup> Bone chips <sup>1</sup> H. pylori (biopsy culture) <sup>1</sup> Gastric Wash – Mycobacterial culture (AFB)             Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval           Genital Tract Specimens             Specimen:Specify Site:Specify Site:Specify:           Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)             Clinical information/test justification:SPECIFY.1273           * The Pas 204.623.6431 ext 30160             * KSB 204.237.2484           * Thompson 204.677.5304 ext 2216             Mult approximation for culture:Other approximation for culture:Other genital specimen for culture:Other genital specimen for culture:Other genital specimen for culture:Other aOther genital specimen for culture:Other aOther a	1								
Bone chips       Genital Tract Specimens         Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval       Genital Tract Specimens         Specimen:       Specify Site:         Test(s) Specify:       Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)         Clinical information/test justification:       The Pas 204.623.6431 ext 30160         * HSC 204.787.1273       * The Pas 204.623.6431 ext 30160         * SBH 204.237.2484       * Thompson 204.677.5304 ext 2216         Other genital specimen for culture:       Vulya Penis         Other genital specimen for culture:       Vulya Penis				,,,					
Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval       Vagina (separate swab required for each test):         Specimen:       Specify:       Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)         Test(s) Specify:       Trichomonas       Culture (pre-pubescent only)         Clinical information/test justification:       * The Pas 204.623.6431 ext 30160       Vaginal/Rectal:       Group B Streptococcus screen (pregnant only)         * SBH 204.237.2484       * Thompson 204.677.5304 ext 2216       N. gonorrhoeae culture:       Cervix       Urethra       Other (specify site):       Other genital specimen for culture:       Vulva       Penis       Urethra       Labia	Bone chips				olopsy c			Sacterial culture (Al B)	
Vagina (separate swab required for each test):         Specimen:       Specify Site:         Test(s) Specify:       Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)         Clinical information/test justification:       Trichomonas         *HSC 204.787.1273       * The Pas 204.623.6431 ext 30160         *SBH 204.237.2484       * Thompson 204.677.5304 ext 2216         Other genital specimen for culture:       Vulya         Other genital specimen for culture:       Vulya	Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval			Genital Tract Specimens					
Test(s) Specify:          Trichomonas □ Culture (pre-pubescent only)          Clinical information/test justification:          *The Pas 204.623.6431 ext 30160          *SBH 204.237.2484          * Thompson 204.677.5304 ext 2216          Other genital specimen for culture: □ Vulva □ Penis □ Urethra □ Labia				Vagina (separate swab required for each test):					
Clinical information/test justification:       Yaginal/Rectal: Group B Streptococcus screen (pregnant only)         *HSC 204.787.1273       * The Pas 204.623.6431 ext 30160         *SBH 204.237.2484       * Thompson 204.677.5304 ext 2216         *WU 204.F28.4492       * Thompson 204.677.5304 ext 2216             *WU 204.F28.4492       • Thompson 204.677.5304 ext 2216             *WU 204.F28.4492       • Thompson 204.677.5304 ext 2216	Specimen: Specify Site:			Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)					
*HSC 204.787.1273       * The Pas 204.623.6431 ext 30160         *SBH 204.237.2484       * Thompson 204.677.5304 ext 2216         Other genital specimen for culture:       Vulva         VUlva       Penis         Urethra       Labia	Test(s) Specify:			□ Trichomonas □ Culture (pre-pubescent only)					
*HSC 204.787.1273       * The Pas 204.623.6431 ext 30160         *SBH 204.237.2484       * Thompson 204.677.5304 ext 2216         Other genital specimen for culture:       Vulva         VUlva       Penis         Urethra       Labia	Clinical information/test justification:				Vaginal/Rectal: Group B Streptococcus screen (pregnant only)				
*SBH 204.237.2484 * Thompson 204.677.5304 ext 2216 *Ull 204.F27.4492 *Thompson 204.677.5304 ext 2216 Other genital specimen for culture: Ull Vulva Denis DUrethra DLabia		* The Pas 204.623.6431 e	xt 30160						
the specimen for culture: U vulva U penis U orethra U Labia	*SBH 204.237.2484 * Thompson 204.677.5304 ext 2216								
WE 204.370/04402	*WL 204.578.4482			Bartholin cyst/abscess					

