

Bacteriology Requisition

Edmonton Site 8440-112 St. NW T6G 2J2
Phone 780.407.7121 Fax 780.407.3864
Virologist/Microbiologist-on-call 780.407.8822

Calgary Site 3030 Hospital Dr NW T2N 4W4
Phone 403.944.1200 Fax 403.270.2216
Virologist/Microbiologist-on-call 403.944.1200

- For Serology testing use form 20676 *Serology and Molecular Testing Requisition* (<https://www.albertahealthservices.ca/frm-20676.pdf>) or 20087 *Zoonotic Testing Requisition* (<https://www.albertahealthservices.ca/frm-20087.pdf>)
- For other tests or further information refer to the **Guide to Services** (<https://www.albertahealthservices.ca/lab/page3317.aspx/education.htm>)

Scanning Label or Accession # (lab only)

Patient	PHN	Expiry: _____	Date of Birth (dd-Mon-yyyy)		
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town	Prov	Postal Code
Provider(s)	Authorizing Provider Name (last, first, middle)		Copy to Name (last, first, middle)	Copy to Name (last, first, middle)	
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
	Clinic Name			Clinic Name	Clinic Name
Collection	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID	Outbreak (EI) if applicable (yyyy-###)

Provide Clinical History or Reason for Testing

Travel History

Diagnosis/History/Suspected pathogen(s)

Specimen Type/Source

<p>Body Fluid</p> <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Other (specify) _____	<p>Respiratory</p> <input type="checkbox"/> Sputum (Induced) <input type="checkbox"/> Sputum (Expectorated) <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Pleural Fluid	<p>Swab</p> <input type="checkbox"/> Genital (specify) _____ <input type="checkbox"/> Nasopharyngeal (specify) _____ <input type="checkbox"/> Lesion (specify) _____ <input type="checkbox"/> Other (specify) _____
<p>Gastrointestinal</p> <input type="checkbox"/> Feces/Stool <input type="checkbox"/> Other (specify) _____	<p>Other (specify site/location)</p> <input type="checkbox"/> Aspirate _____ <input type="checkbox"/> Tissue _____ <input type="checkbox"/> Biopsy _____ <input type="checkbox"/> Other (specify) _____	

Test Request - if test not listed, consult Guide to Services

<p>General</p> <input type="checkbox"/> Mycobacteria (AFB, TB) LAB877 <input type="checkbox"/> Mycobacteria (Blood/Bone marrow) LAB877 <input type="checkbox"/> Mycoplasma Culture LAB944 <input type="checkbox"/> Bordetella Panel (<i>B.pertussis</i>) LAB923	<p>Enteric Bacterial Pathogens (Public Health Concern) Is testing for exclusion/clearance as requested by a Medical Officer of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <input type="checkbox"/> Bacterial Enteric Panel OR specify pathogen(s) ▼ LAB1290 <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> Shiga toxin-producing <i>E. coli</i> O157 <input type="checkbox"/> <i>E. coli</i> non-O157 (STEC) <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> Other (specify) _____
<p>Fungal</p> <input type="checkbox"/> Fungal culture LAB923 <input type="checkbox"/> Galactomannan LAB1311	<input type="checkbox"/> Food Poisoning Organisms LAB1290 (<i>B.cereus, C.perfringens, S.aureus</i>)
<p>Other Test(s) (specify)</p>	<p>Parasitology</p> <input type="checkbox"/> Ova and Parasite Microscopy LAB258 <input type="checkbox"/> Parasite/Arthropod Identification (e.g. ticks and worms) LAB4054

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Guidance Notes

The following Table is intended as a guide to the appropriate sample type(s) for the investigations listed on the requisition and supplementary notes. Consult the APL Guide to Services at <https://www.albertahealthservices.ca/webapps/labservices/indexAPL.asp>, for current information pertinent to your zone.

Investigation	Specimen type	Comments
Aspergillus galactomannan antigen serology	Serum Bronchoalveolar lavage (BAL)	Testing performed on Monday, Wednesday, and Fridays.
Bordetella Panel	Nasopharyngeal swab ONLY in Regan-Lowe transport medium (black charcoal based medium)	Test includes detection of <i>Bordetella pertussis</i> NAT/PCR.
Mycobacterial Culture	Sputum, BAL, urine, stool, sterile fluids, tissues, CSF, gastric washings	Submit specimens in sterile screw top containers. Swabs are NOT recommended. If necessary, dry swabs are preferred. Collect three sputum specimens before eating. Serial same day collections should be spaced with a minimum interval of 1 hour. Collect gastric washing early in the morning before eating.
	Blood & Bone Marrow	Collect blood in an SPS tube (Citrate, heparin or ACD tubes are acceptable alternatives). Bone marrow should be submitted in an SPS tube.
Mycoplasma Culture	Urethral, vaginal, cervical swabs in Universal Transport Medium (UTM).	For detection of <i>Mycoplasma hominis</i> or <i>Ureaplasma</i> sp. <i>Mycoplasma genitalium</i> is NOT detected by culture; consult Microbiologist-On-Call for PCR/NAT testing
Stool culture Specify EI# on requisition	Faeces in closed container	<ul style="list-style-type: none"> DO NOT contaminate with water or urine. Submit ONLY one stool per day Specify which agent(s) to be tested from the following:- <i>Campylobacter</i> , <i>Escherichia coli</i> O157:H7, Non-O157 Shiga toxin-producing <i>E. coli</i> , <i>Salmonella</i> sp., <i>Shigella</i> sp., <i>Aeromonas</i> , <i>Edwardsiella tarda</i> , <i>Plesiomonas</i> and <i>Yersinia</i> . Vibrio culture available upon request.
Food poisoning organisms	Faeces in closed container	Microbiologist-On-Call approval required.
Parasite Culture	See APL Guide to Services for specimen details	Microbiologist-On-Call approval required for all parasite cultures. Unpreserved stool only, preserved stool for parasite cultures will not be processed.
	Leishmaniasis culture - tissues in small amount of saline, sufficient to cover the specimen	
	Trichomonas culture - vaginal/cervical/urethral swab in plain transport medium	Contact MVOC if Trichomonas culture is required for collection details.
Ova and Parasite Microscopy	Faeces in closed container	Specify <u>clearly</u> on requisition when examination for microsporidia (stool or tissue) is required, as it is not a part of routine stool exam.
Parasite Direct Microscopy (worms, arthropods)	Clean container with tight fitting lid	Animal and environmental ticks <u>must be submitted</u> through Alberta Health submit-a-tick program Lyme disease and tick surveillance Alberta.ca using the tick surveillance form (available on web page). Do NOT use surveillance form for patient specimens