

<b>DATE:</b>	2021 September 6
<b>TO:</b>	Calgary Zone Clinicians, Hospitals, Clinics and Health Care Facilities
<b>FROM:</b>	Microbiology Section, Calgary, Alberta Precision Laboratories (APL)
<b>RE:</b>	<b>Calgary Zone Microbiology Requisition</b>

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## PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

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### Key Message

- Effective **immediately**, please use the attached current version of the Calgary Zone Microbiology requisition REQ9021MI (green requisition) when ordering a microbiology test in the Calgary Zone.
- **DO NOT** use Microbiology Requisition 20571 to order microbiology tests in the Calgary Zone.

### Why This Is Important

- Microbiology requisition REQ9021MI is designed for APL Calgary (formerly Calgary Lab Services) testing and processes.
- Use of Microbiology Requisition 20571 in the Calgary Zone may result in order errors, test delays and/or cancellation.

### Action Required

- When using a manual requisition to order microbiology tests in the Calgary Zone, ensure that the current version of Microbiology requisition REQ9021MI (green requisition) is used. This applies to, and can be used in, all inpatient, outpatient, and community settings.
- Continue to use the Provincial Lab for Public Health (Provlab) Requisition for public health lab microbiology testing.
- The most current versions of all APL requisitions can be printed from the APL website: <https://www.albertaprecisionlabs.ca/hp/Page13849.aspx>

### Inquiries and feedback may be directed to

- Dr Michael Groeschel, MD MSc FRCPP, Medical Microbiologist: 403-770-3890, [michael.groeschel@albertaprecisionlabs.ca](mailto:michael.groeschel@albertaprecisionlabs.ca)
- Evelyn Fong, Manager, Microbiology, South Sector: 403-770-3215, [evelyn.fong@albertaprecisionlabs.ca](mailto:evelyn.fong@albertaprecisionlabs.ca)

### This bulletin has been reviewed and approved by

- Leland Baskin, MD, Associate Medical Director, South Sector

 <p>ALBERTA PRECISION LABORATORIES Leaders in Laboratory Medicine</p>	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> SHC <input type="checkbox"/> Other: _____	<b>CALGARY ZONE MICROBIOLOGY REQUISITION</b> SEE OVER FOR ADDITIONAL INFORMATION			
	CLINIC / UNIT _____	<b>AFFIX CLINIBASE LABEL and ENCOUNTER NUMBER here – as APPLICABLE</b>			
<b>ORDERING PHYSICIAN – (Apply CLS Dr. Stamp Here)</b> Last Name / Full First Name: _____ Office Address: _____ 5 Digit Client #: _____ Alpha Suffix Provider #: _____	PROVINCE _____	PERSONAL HEALTH NUMBER (PHN) _____	REGIONAL HEALTH RECORD NUMBER _____		
	PATIENT LAST NAME _____		FULL FIRST NAME _____	MIDDLE NAME _____	
	PATIENT ADDRESS _____		CITY, PROVINCE _____	POSTAL CODE _____	
<b>COPY TO</b> Last Name _____ Full First Name _____ Office Address/Location _____		CHART NUMBER _____	GENDER _____	DATE OF BIRTH _____ ( Y Y Y Y / M M M / D D )	PATIENT PHONE NUMBER _____ ( ) _____ - _____
<b>REQUIRED INFORMATION</b> Date & Time Collected: _____ Collected by: _____		<b>SUSPECTED ORGANISM/DIAGNOSIS/CLINICAL HISTORY:</b> _____ <b>OTHER TEST REQUESTED (REFER TO GUIDE TO SERVICE):</b> <a href="http://www.albertaprecisionlabs.ca">www.albertaprecisionlabs.ca</a> IF NOT IN GUIDE TO SERVICES, CONTACT MICROBIOLOGIST ON CALL: LIC 403-770-3600 (Physicians Only)			
<b>EYES/EARS/NOSE/THROAT/MOUTH</b>		<b>URINE</b>			
Eye: Routine <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Conjunctival swab	<input type="checkbox"/> Bacterial Culture (C&S) [M EYE] <input type="checkbox"/> Chlamydia/Gonorrhea [M CHLAMGC] <i>BLUE Aptima unisex swab (white label)</i>	Urine Culture: [M URINE] <input type="checkbox"/> Midstream urine <input type="checkbox"/> Indwelling catheter <input type="checkbox"/> In/out catheter <input type="checkbox"/> Other: _____	<b>History (Required)</b> Symptomatic: N:HSYM <input type="checkbox"/> Suspect lower urinary tract infection (UTI) <input type="checkbox"/> Suspect sepsis/pyelonephritis <input type="checkbox"/> Suspect UTI in multiple sclerosis or spinal cord injury patient Asymptomatic: N:HASYM <input type="checkbox"/> Pregnant <input type="checkbox"/> Prior to invasive urologic procedure <input type="checkbox"/> <1 month post-renal transplant		
Eye: Critical <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Vitreous/Aqueous fluid <input type="checkbox"/> Corneal scraping/ulcer	<input type="checkbox"/> Bacterial Culture (C&S) [M EAR] <input type="checkbox"/> Other - specify: _____	<b>STOOL</b>			
<input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Myringotomy Tubes	<input type="checkbox"/> Bacterial Culture (C&S) [M MOUTH] <input type="checkbox"/> Candida/Vincent's [M NOSE] <input type="checkbox"/> S. aureus screen OR [M MRSA] <input type="checkbox"/> MRSA screen [M BETA] <input type="checkbox"/> Group A Strep (GAS) [M BETA F: PEN ALLERGY] <input type="checkbox"/> Allergy to Penicillin [M THROATX] <input type="checkbox"/> Treatment Failure [M THROATX F: R/O _____] <input type="checkbox"/> Other - specify: [M THROATX F: R/O _____] <input type="checkbox"/> CF Protocol (CF Clinics only) [M THROATCF] N: CF patient	<input type="checkbox"/> Stool for Bacteria [M STOOL] Bacterial PCR Screen ( <i>Salmonella, Shigella, STEC, Campylobacter</i> ) Clinical indications for additional pathogens (see Guide to Services): <input type="checkbox"/> raw shellfish exposure (Vibrio) F:R/O Vibrio <input type="checkbox"/> prolonged symptom duration (must specify): _____ <input type="checkbox"/> immunocompromised (specify): _____	<input type="checkbox"/> Clostridium difficile Toxin [M CD] <input type="checkbox"/> Parasite PCR Screen [M GIACRY] ( <i>Giardia, Cryptosporidium, Entamoeba</i> ) <input type="checkbox"/> Full Ova & Parasite testing (Includes PCR Screen) [M OP] Mandatory O&P History Form - see Calgary Laboratory website		
<input type="checkbox"/> Mouth/Gingiva/Tongue <input type="checkbox"/> Nose/Nasal <input type="checkbox"/> Throat	<input type="checkbox"/> Bacterial Culture (C&S) [M SPUTUM] <input type="checkbox"/> Fungal Culture [M FUNGAL] <input type="checkbox"/> Adult CF Protocol (FMC CF Clinic) [M SPUTUMCF] <input type="checkbox"/> Pediatric CF Protocol (ACH CF Clinic)	<b>WOUNDS/ABSCESSSES/SURGICAL SPECIMENS/IMPLANTED DEVICES/TIPS</b>			
<b>RESPIRATORY</b> <input type="checkbox"/> Sputum <input type="checkbox"/> Endotracheal tube aspirate <input type="checkbox"/> Tracheostomy aspirate		<input type="checkbox"/> Deep wound swab (>1 cm deep) <input type="checkbox"/> Deep abscess <input type="checkbox"/> Aspirate <input type="checkbox"/> Tissue <input type="checkbox"/> Prosthetic Joint/Periprosthetic <input type="checkbox"/> Heart Valve <input type="checkbox"/> native <input type="checkbox"/> prosthetic <input type="checkbox"/> Gastric Tissue for H. pylori <input type="checkbox"/> Implanted device <input type="checkbox"/> Catheter Tip - site: <input type="checkbox"/> Other - specify:	<b>MUST specify site:</b> <input type="checkbox"/> Bacterial Culture (C&S) [M WOUND] <input type="checkbox"/> Bacterial/Candida Culture (C&S) <input type="checkbox"/> Anaerobic Culture includes aerobic culture <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Bacterial/Candida Culture (C&S) [M TIP]		
For BAL or BW specimens use BAL/BW requisition REQ9024MI For COVID-19 and other respiratory virus testing, use the appropriate requisition.		<b>UROGENITAL: for surgical/traumatic urogenital wounds/abscesses, complete superficial wound section</b>			
<input type="checkbox"/> Group B Strep (GBS) (Prenatal Screen)	<input type="checkbox"/> Vaginal/rectal [M GBS] <i>Amies swab - red</i> <input type="checkbox"/> Allergy to penicillin F: PEN ALLERGY	<input type="checkbox"/> Bacterial Culture (C&S) [M BLOOD] <input type="checkbox"/> suspected endocarditis [M BLOOD F: R/O Endocarditis] <input type="checkbox"/> Malaria: Requires Malaria History Form - see Calgary Laboratory website [M MALARIA] <input type="checkbox"/> Other Blood Parasites: requires MOC approval. Call LIC 403-770-3600 prior to collection.			
<input type="checkbox"/> Chlamydia/Gonorrhea History required: <input type="checkbox"/> Symptomatic/At Risk <input type="checkbox"/> Prenatal Screen	<input type="checkbox"/> Vaginal (preferred) <input type="checkbox"/> Rectal [M CHLAMGC] <i>PINK Aptima Multitest swab (orange label)</i> <input type="checkbox"/> Urine - initial 30 mL only <input type="checkbox"/> Urethral <input type="checkbox"/> Endocervical [M TV] <i>BLUE Aptima unisex swab (white label)</i>	<b>BLOOD/STERILE FLUIDS</b>			
<input type="checkbox"/> Trichomonas vaginalis	<input type="checkbox"/> Vaginal (preferred) [M TV] <i>PINK Aptima Multitest swab (orange label)</i> <input type="checkbox"/> Urine - initial 30 mL only <input type="checkbox"/> Urethral <input type="checkbox"/> Endocervical [M BVYST] N: Slide rec'd <i>BLUE Aptima unisex swab (white label)</i>	<b>Blood Culture:</b> <input type="checkbox"/> Peripheral <input type="checkbox"/> Central line <input type="checkbox"/> Arterial line <input type="checkbox"/> Dialysis access line <input type="checkbox"/> Cerebrospinal fluid (CSF): <input type="checkbox"/> Lumbar puncture <input type="checkbox"/> Indwelling CNS shunt <input type="checkbox"/> External ventricular drain <input type="checkbox"/> Other - specify:			
<input type="checkbox"/> Bacterial vaginosis/Yeast (≥13 y)	<input type="checkbox"/> Vaginal [M GC] <i>Amies swab - red</i>	<input type="checkbox"/> Bacterial Culture (C&S) <input type="checkbox"/> Fungal Culture includes cryptococcal antigen			
<input type="checkbox"/> Gonorrhea Culture treatment failure ONLY (must have prev. GC+ result)	<input type="checkbox"/> Endocervical <input type="checkbox"/> Urethral <input type="checkbox"/> Rectal [M MU] <i>Amies swab - red</i>	<b>Fluids:</b> <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Peritoneal fluid <input type="checkbox"/> Peritoneal dialysate fluid <input type="checkbox"/> Bursa fluid <input type="checkbox"/> Synovial fluid <input type="checkbox"/> Indwelling drain (e.g. JP) <input type="checkbox"/> Other - specify:			
<input type="checkbox"/> Mycoplasma/Ureaplasma	<input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Urethral Mycoplasma Transport Media [M UROGEN] <i>Amies swab - red</i>	<input type="checkbox"/> Bacterial/Candida Culture (C&S) <input type="checkbox"/> Anaerobic Culture includes aerobic culture <input type="checkbox"/> Fungal Culture			
<input type="checkbox"/> Toxic shock syndrome	<input type="checkbox"/> Vaginal <i>Amies swab - red</i> [M UROGEN F:TSS]	<b>DERMATOPHYTES</b> <input type="checkbox"/> Skin <input type="checkbox"/> Hair <input type="checkbox"/> Nails <input type="checkbox"/> Fungal Culture/KOH [M FUNGAL]			
<b>PEDIATRIC (&lt;13 y)</b>		<b>Accession Number(s)</b> _____			
<input type="checkbox"/> Vulvovaginitis <input type="checkbox"/> vaginal <input type="checkbox"/> introitus	<input type="checkbox"/> Bacterial Culture (C&S) [M PIN] <i>Amies swab - red</i>	<input type="checkbox"/> Organism ID (ectoparasite/worm) Specify source: [M PID]			
<input type="checkbox"/> Perianal/perineal cellulitis <input type="checkbox"/> rectal <input type="checkbox"/> perianal/perineal	<input type="checkbox"/> R/O Group A Strep (GAS) [M WOUND F: R/O _____] <input type="checkbox"/> R/O S. aureus <input type="checkbox"/> R/O Candida/Yeast	<input type="checkbox"/> Other - specify:			
<b>MISCELLANEOUS PARASITE</b>		<input type="checkbox"/> Pinworm Paddle [M PID]			
<input type="checkbox"/> Organism ID (ectoparasite/worm)	Specify source: _____	<input type="checkbox"/> Other - specify: _____			