

# Public Health Microbiology 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 403.944.1110

- For Infectious Disease Serology or PCR/NAT 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)

<b>Patient</b>	PHN		Date of Birth (dd-Mon-yyyy)			
	Expiry: _____					
	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	
<b>Provider(s)</b>	Authorizing Provider Name (last, first, middle)		Copy to Name (last, first, middle)		Copy to Name (last, first, middle)	
	Address		Address		Address	
	Phone		Phone		Phone	
	CC Provider ID	CC Submitter ID	Phone	Phone	Phone	
Clinic Name		Clinic Name		Clinic Name		
<b>Collection</b>	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID		

**Provide Clinical History or Reason for Testing**

Travel History \_\_\_\_\_

Diagnosis/History/Suspected pathogen(s) \_\_\_\_\_

Outbreak Exposure Investigation (EI) number if applicable (yyyy-####) \_\_\_\_\_

**Specimen Type/Source**

<b>Body Fluid</b> <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Blood Marrow	<b>Respiratory</b> <input type="checkbox"/> Sputum (Induced) <input type="checkbox"/> Sputum (Expectorated) <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Pleural Fluid	<b>Swab</b> <input type="checkbox"/> Genital (specify) _____ <input type="checkbox"/> Nasopharyngeal (specify) _____ <input type="checkbox"/> Lesion (specify) _____ <input type="checkbox"/> Other (specify) _____
<b>Gastrointestinal</b> <input checked="" type="checkbox"/> Faeces/Stool <input type="checkbox"/> Other (specify) _____	<b>Other (specify site/location)</b> <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**

<input type="checkbox"/> <b>Mycobacteria (AFB, TB)</b> LAB877 For other culture requests on sputum (e.g. Fungal) refer to the APL Microbiology Requisition	<b>Enteric Public Health</b> Testing requested by a Medical Officer of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact to a case <input type="checkbox"/> Clearance from exclusion <input type="checkbox"/> Enteric Bacterial Culture, Public Health <b>OR</b> specify pathogen(s) LAB1290 <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> Shiga toxin-producing <i>E. coli</i> (STEC). Order Shiga toxin detection NAT LAB2002 <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> Gastroenteritis Viral Panel (GVP) NAT LAB1901 <input type="checkbox"/> Food poisoning organisms LAB1290 ( <i>B.cereus, C.perfringens, S.aureus</i> )
<b>Other Test(s) (specify)</b>	<b>Parasitology</b> <input type="checkbox"/> Ova and Parasite Microscopy (outbreak investigations only) LAB258

## Mycobacteria and Public Health Enterics Requisition

Investigation	Specimen type	Comments
Mycobacterial Culture	Sputum, BAL, urine, stool, sterile fluids, tissues, CSF, gastric washings	<p>Submit specimens in sterile screw top containers. Swabs are NOT recommended. If necessary, dry swabs submitted in a sterile container are preferred.</p> <p>Collect three sputum specimens before eating. Serial same day collections should be spaced with a minimum interval of 1 hour.</p> <p>Collect gastric washing early in the morning before eating.</p>
	Blood & Bone Marrow	<p>Collect blood in an SPS tube (Citrate, heparin or ACD tubes are acceptable alternatives). Bone marrow should be submitted in an SPS tube.</p>
Stool culture Specify EI# on requisition	Faeces in closed container	<ul style="list-style-type: none"> <li>DO NOT contaminate with water or urine.</li> <li>Submit ONLY one stool per day.</li> <li>For STEC clearance specimens, if previous stool is positive, do not submit another stool for 72 hours after collection of the last one.</li> </ul> <p>Specify which agent(s) to be tested from the following:- <i>Campylobacter</i>, STEC (<i>E. coli</i> O157 or STEC non-O157), <i>Salmonella spp.</i>, <i>Shigella spp.</i>, <i>Aeromonas</i>, <i>Edwardsiella tarda</i>, <i>Plesiomonas</i> and <i>Yersinia</i>.</p> <p><i>Vibrio</i> culture is available upon request. Contact the Public Health Lab Microbiologist On-Call</p>
Food poisoning organisms	Faeces in closed container	Approval required by the Public Health Lab Microbiologist on-call.
Gastroenteritis Viral Panel (GVP) NAT/PCR	Faeces in closed container	<p>This test is only available for: Acute care patients (<i>urgent care, emergency or inpatient</i>), Immunocompromised, Outbreak investigations, or Community patients under 6 years of age. For special cases, please call the Public Health Lab Microbiologist On-Call for pre-approval BEFORE submitting.</p>
Ova and Parasite Microscopy	Faeces in closed container AND a specimen in SAF	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	<p>Animal and environmental ticks must be submitted through Alberta Health submit-a-tick program Lyme disease and tick surveillance   Alberta.ca using the tick surveillance form (available on web page).</p> <p><b>Do NOT use the surveillance form for patient specimens</b></p>