Shaded areas are required Information

Calgary Laboratory Services

☐ ACH ☐ FMC ☐ PLC ☐ RGH ☐ SHC

☐ Other: _____

CLINIC / UNIT

MICROBIOLOGY INFECTION SURVEILLANCE REQUISITION

AFFIX CLINIBASE LABEL AND ENCOUNTER NUMBER here as APPLICABLE

PROVINCE | PERSONAL HEALTH NUMBER (PHN) __ ___ ___ ___ ___ - ___ ___ ___ ___ | REGIONAL HEALTH RECORD NUMBER

ORDERING PHYSICIAN – (Apply CLS Dr. Stamp Here)

Last Name / Full First Name:

5 Digit Client #:

Alpha Suffix Provider #:

COPY TO:

1) _____ _____ _____
Last Name | Full First Name | Office Address/Location

2) _____ _____ _____
Last Name | Full First Name | Office Address/Location

PATIENT LAST NAME | **FULL FIRST NAME** | **MIDDLE NAME**

PATIENT ADDRESS | **CITY, PROVINCE** | **POSTAL CODE**

CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
		__ __ __ __ / __ __ __ / __ __ (Y Y Y Y M M M D D)	__ __ __ -- __ __ __ - __ __ __ __

EI # _____

ARO SCREENING

Specimen (s):	Test(s):	
☐ **Nose / Nasal**	☐ **MRSA**	[M MRSA]
	☐ **S. aureus Carrier**	[M NOSE]
☐ **Rectal**	☐ MRSA	[M MRSA]
☐ **Stool**	☐ Carbapenemase Producing Organism	[M CPO]
☐ **Wound** Specify Site_____	☐ VRE	[M VRE]
☐ **Urine**	☐ Other antibiotic resistant bacteria -	[M ARO]
☐ **Other –** Specify:	Specify Organism_____ (Requires Micobiologist on call approval 403-770-3757)	

ENVIRONMENTAL STERILITY

☐ **Attest** [M STERILE]
☐ **Sporestrip** ☐ **Steam** ☐ **Dry heat** ☐ **Gas**

☐ **POSITIVE ATTEST B.I. SUBCULTURE:** [M STERILE]
Sterilizer # :_____ **Load #:**_____
Lot # : _____

☐ **Airfall Plate**
☐ **Surface Sampling 25cm^2**
Specify Site: _____ [M STERILE]

☐ **Laminar Airflow Hood**
Specify Hood: _____ [M STERILE]

☐ **Endoscopy Wash** [M STERILE]
Specify: Model #_____
Serial #_____

STERILITY

Tissue Bank Donor
☐ Bone Bank ID#_____ [M STERILE]
☐ Skin Bank ID#_____ [M STERILE]
☐ Cadaveric Blood ID#_____ [M STERILE]

Tissue Bank Recipient
☐ Bone ID#_____ [M ANO2/M FUNGAL]
☐ Skin ID#_____ [M WOUND]

Source/Site – Specify _____
☐ Copy to Southern Alberta Tissue Program (SATP)

Eye Donor
Lions Eye Bank #: _____
☐ Corneal Limbus [M STERILE]
☐ Vitreous [M ANO2]
☐ Corneal Culture Media [M STERILE]

Eye Recipient
Corneal Rim #: _____
☐ Pre-inoculated Chocolate Plate [M STERILE]
☐ Pre-op Eye Swab [M STERILE]

Transfusion medicine
☐ AUWB [M STERILE]
☐ SCD [M STERILE]
☐ Other – Specify: _____ [M STERILE]

Fluid Reagent Sterility:
Pharmacy
☐ Injectable Fluid [M STERILE]
☐ TPN [M STERILE]
☐ CIVA [M STERILE]
☐ Other – Specify: _____ [M STERILE]

Nuclear Medicine
☐ Injectable Fluid [M STERILE]

Specify Sample:

* ☐ Other - **Specify:** _____

*** Other tests ordered require approval of a Microbiologist. Contact: Microbiologist on Call 403-770-3757.**

Collected By:

Date & Time Collected: (required)

Accession #