

SHADED AREAS ARE
 REQUIRED INFORMATION

MICROBIOLOGY REFERENCE ORGANISM & SPECIMEN INVESTIGATION REQUEST

SUBMITTING LABORATORY (Name & PathNet Location)

Location: _____

5 digit Facility Alias #:

Alpha Provider#:

FAX RESULTS TO: (Full Name and #)

SUBMITTING LAB SPECIMEN NUMBER (Use all digits, including zeros):

Original Source (Enter as Specimen Source)

ORIGINAL SPEC DATE/TIME COLLECTED DATE SUBMITTED
 ____/____/____ at ____:____ ____/____/____
 YYYY / MMM / DD HH:MM YYYY / MMM / DD

PROVINCE	PERSONAL HEALTH NUMBER (PHN) (OPTIONAL) _____	REGIONAL HEALTH RECORD NUMBER
PATIENT LAST NAME	FIRST NAME	MIDDLE NAME
PATIENT ADDRESS		CITY, PROVINCE
		POSTAL CODE
CHART NUMBER	GENDER	DATE OF BIRTH
		____/____/____ YYYY / MMM / DD
		PATIENT PHONE NUMBER () -
CLINICAL DATA		

MICROBIOLOGY REFERENCE ORGANISM & SPECIMEN INVESTIGATION

Send To:
Alberta Public Laboratories - Calgary
Attention: Microbiology
3520 Research Way NW
Calgary, Alberta
T2L 2K5

M REFIN

<input type="checkbox"/> ISOLATE - Swab <input type="checkbox"/> ISOLATE - Plate Test Request: <input type="checkbox"/> Identification Suspected organism: _____ <input type="checkbox"/> Susceptibility - Organism ID: _____ <input type="checkbox"/> Specific antibiotics (list): _____ <input type="checkbox"/> Full susceptibility panel <input type="checkbox"/> Resistance screen testing (specify): _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> SPECIMEN Test Request: <input type="checkbox"/> <i>C. difficile</i> PCR <input type="checkbox"/> Stool <input type="checkbox"/> <i>Pneumocystis</i> (PJP) PCR <input type="checkbox"/> BAL <input type="checkbox"/> <i>Legionella</i> Urinary Antigen <input type="checkbox"/> Urine
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Other Requests (Including molecular testing)
 Consult Microbiologist on Call (403-770-3757) for approval prior to sending
 Specify sample type and test request: _____
 Approving microbiologist: _____

Comments or Additional Information:

COLLECTED BY:		FOR LABORATORY USE ONLY	ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED		