ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

☐ ACH ☐ RGH
☐ FMC ☐ PLC
☐ SHC
Location:_____

BRONCHOALVEOLAR LAVAGE/ BRONCHIAL WASH REQUISITION
(Includes test request for all specimens collected in conjunction with the BAL or BW)

AFFIX CLINIBASE LABEL and ENCOUNTER NUMBER here (as APPPLICABLE)

* Affix patient label to **ALL PAGES** or clearly print patient's full name (last name, full first name), Personal Health Number, Regional Health Record Number, date of birth, and gender..

* REQUIRED INFORMATION

REQUESTING CLINICIAN TO ACT ON RESULTS:

_____ _____
* Last Name * Full First Name

_____
* Office Address (Location Code) for Report Delivery

***PROCEDURE PERFORMED BY:** ☐ **SAME PERSON/LOCATION AS ABOVE**

_____ _____ _____
* Last Name * Full First Name *Office Address (Location Code) for Report Delivery

ADDITIONAL COPIES TO:

1) _____ _____ _____
* Last Name * Full First Name * Office Address (Location Code) for Report Delivery

2) _____ _____ _____
* Last Name * Full First Name * Office Address (Location Code) for Report Delivery

Please provide a contact name and number to resolve specimen labelling or requisition problems. Contact must be available 24 hours.

Contact Name: _____

Contact Number: _____

CLINICAL INFORMATION

***Current problem(s)/ Differential diagnosis / Medical History/ Antibiotics**

SPECIMEN SOURCE/ SITE (Select one only)
One site per requisition

Bronchoalveolar Lavage (BAL)	Bronchial Wash (BW)	
☐ LLL	☐ LLL	☐ Trachea
☐ LUL	☐ LUL	☐ R. Mainstem
☐ Left Lingula	☐ Left Lingula	☐ L. Mainstem
☐ RLL	☐ RLL	☐ Bronchus Intermedius
☐ RML	☐ RML	
☐ RUL	☐ RUL	Other:

Volume Collected: _____**mL** *(Order Note)*

Collection Containers and Volume Requirements

Collect in 90 ml sterile container or sterile specimen trap; do not split these BAL specimens:

	Optimal	Minimum
Microbiology	10 mL	5 mL
ProvLab	10 mL	5 mL
Cytopathology	10 mL	3 mL
Flow Cytometry	3 mL	1 mL
Aliquot volume into 1 x 4 mL EDTA vial:		
Hematology	4 mL	3 mL

Microbiology staff contact the Microbiologist on Call to determine specimen priority if < 15 mL total specimen volume is received.

For Laboratory Use Only

Distribution From:
☐ **Cytopathology** ☐ **RRL Accession**
TRKMICRDSC: _____
_____ **REQTOTAL**

Microbiology Distribution:
TRKCYTODSC: _____
_____ **REQTOTAL**
Microbiology Prescreen Name:_____
Microbiology Planter Name:_____

MICROBIOLOGY

APL Microbiology *(Data Entry performed by DSC)*

Culture Type:
☐ *Non-Quantitative BAL Routine Culture* (M BW)
(Specimen TYPE is BAL Non-Quantitative)
☐ *Quantitative Culture* (M BAL)
Specimen collected as per Bronchoscopy Guideline VAPP-004
☐ *Bronchial Wash Culture* (M BW)

Additional Requests:

BAL or BW
☐ *Fungal Culture* (M FUNGAL)
☐ *CF Protocol*
(*Order Note: CF Protocol*)

BAL only
(*Non-Quantitative and Quantitative*)
☐ *Legionella* (M LEGC)
☐ *Pneumocystis (* (M PCP)

Provincial Laboratory *(Orderable:* PLNON)
☐ *AFB/Mycobacterium*
☐ *Respiratory Viral Panel*
☐ *Galactomannan*

Other tests, specify:

CYTOPATHOLOGY

☐ Cytopathology Comments:

HEMATOLOGY

Ordering Limited to Pulmonary Respirologists
☐ Interstitial Lung Disease Differential (BAL only)

Note: Assessment for Interstitial Lung Disease (ILD) or Eosinophilic Pneumonia. Differential includes hematopoietic cells only and will not be assessed for malignancy or non- hematopoietic cells.

FLOW CYTOMETRY

☐ Leukemia/Lymphoma (BAL only)

Note: ALL BAL requests for Leukemia/Lymphoma investigation are triaged and only approved for testing by Cytopathology.

ACCESSION NUMBER	ACCESSION NUMBER	ACCESSION NUMBER	ACCESSION NUMBER

REQUIRED INFORMATION

DATE COLLECTED	TIME COLLECTED	COLLECTED BY