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|  | **Shaded areas are required information** | **MICROBIOLOGY REFERENCE ORGANISM & SPECIMEN INVESTIGATION REQUEST** |
|  |
|  PROVINCE       |  PERSONAL HEALTH NUMBER (PHN) (OPTIONAL)            | REGIONAL HEALTH RECORD NUMBER      |
|
| PATIENT LAST NAME       | FIRST NAME        | MIDDLE NAME       |
|  SUBMITTING LABORATORY (Name & PathNet Location)      Location:       5 digit Facility Alias #:       Alpha Provider#:       Fax RESULTS TO: (Full Name and #)       |
| PATIENT ADDRESS      | CITY, PROVINCE      | POSTAL CODE      |
|  CHART NUMBER       |  GENDER       |  DATE OF BIRTH       /       /       Y Y Y Y M M M D D |  PATIENT PHONE NUMBER (     )       -       |
| CLINICAL DATA      |
| SUBMITTING LAB SPECIMEN NUMBER (Use all digits, including zeros):      |
|
| Original Source (Enter as Specimen Source)      |  |
| ORIGINAL SPEC DATE/TIME COLLECTED        /       /       at      Y Y Y Y M M M D D HH:MM | DATE SUBMITTED      /       /      YYYY MMM DD |  |

MICROBIOLOGY REFERENCE ORGANISM & SPECIMEN INVESTIGATION

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

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| [x]  M REFIN  |
| [ ]  Isolate - Swab [ ]  ISOLATE - Plate | [ ]  SPECIMEN |
| **Test Request:**[ ]  **Identification**Suspected organism: [ ]  **Susceptibility** - Organism ID: [ ]  Specific antibiotics (list): [ ]  Full susceptibility panel[ ]  Resistance screen testing (specify): [ ]  Other (specify):  | **Test Request:** |
| [ ]  *C. difficile* PCR | [ ]  Stool |
| [ ]  *Pneumocystis* (PJP) PCR | [ ]  BAL |
| [ ]  *Legionella* Urinary Antigen | [ ]  Urine |
|  |  |
| [ ]  Other Requests (Including molecular testing)Consult Microbiologist on Call (403-770-3757) for approval prior to sendingSpecify sample type and test request: Approving microbiologist:  |
| Comments or Additional Information: |

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