|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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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| --- | --- | --- |
| 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 sending  Specify sample type and test request:  Approving microbiologist: | | |
| Comments or Additional Information: | | |

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