

Microbiology Reference Organism & Specimen Investigation Request

Leaders in Laboratory Medicine

Benefits of providing Calgary Laboratory Services (CLS) with COMPLETE AND LEGIBLE Information:

- · Promotes patient safety through reduced transcription errors
- · Ensures samples are processed for the correct patient and results are sent to the correct provider
- Reduces turnaround time when processing patient samples

Patient full legal name and PHN (or second unique identifier) must match exactly on the requisition and specimen Laboratory to Act on Results Enter ordering laboratory name The two letter province code and Personal Health Number ensure and full address accurate patient identification and registration. NOTE: This is not the ordering physician name MICROBIOLOGY REFERENCE ORC NISM & SPECIMEN INVESTIGATION ∞ RL. ALBERTA PRECISION PROVINCE PERSONAL HEALTH NUMBER (PHN) (OPTIONAL) REGIONAL HEALTH SHADED AREAS ARE RECORD NUMBER REQUIRED INFORMATION PATIENT LAST NAME MIDDLE NAME FIRST NAME Patient full legal SUBMITTING LABORATURY (Name & PathNet Location) name is required PATIENT ADDRESS CITY, PROVINCE POSTAL CODE Patient complete Location: address, gender, date CHART NUMBER GENDER DATE OF BIRTH PATIENT PHONE NUM 5 digit Facility Alias #: of birth and phone Alpha Provider#. number is required YXXX MMM Include all of the FAX RESULTS TO: (Full Name and #) CLINICAL DATA original specimen SUBMITTING LAB SPECIMEN NUMBER (Use all digits, even including zeros): information including lab Original Source (Enter as Freetext Source) accession, Clinical information/ original source ORIGINAL SPEC DATE/TIME COLLECTED DATE SUBMITTED history is required and collection YXXX MMM DD MMM information Include the date of If originating lab accession shipment to CLS label is included, write lab Microbiology name over bar code