Alberta Health Services

mhdl Medicine Hat Diagnostic Laboratory

Laboratory Bulletin

Date: September 28, 2016
To: SZE Physicians, Nursing, Primary Care Networks, Pharmacists, Laboratory Staff
From: AHS Laboratory Services
Re: New South Zone Laboratory and Microbiology Requisitions

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

New South Zone Laboratory and Microbiology Requisitions

Key Messages:

- Effective October 17, 2016, new South Zone Laboratory and Microbiology Requisitions will be available for use across South Zone.
- This requisition replaces the former AHS South Zone East and the Medicine Hat Diagnostic Laboratory (MHDL) requisitions
- MHDL will continue to serve community patients until March 31, 2017 and will accept the new AHS South Zone laboratory requisition.
- Contact information for the new AHS collection sites in South Zone East is not yet available. This information will be added to the requisition when it becomes available. Physician offices who load requisitions into a POSP system may wish to order paper requisitions until this revision occurs.

Why this is important:

- Laboratory and Microbiology requisitions are being updated and standardized across South Zone.
- These new requisitions replace all former laboratory and microbiology requisitions from AHS South Zone West, South Zone East, and Medicine Hat Diagnostic Laboratory.
- The new South Zone Laboratory Requisition accommodates the transition of laboratory testing from Medicine Hat Diagnostic Lab (MHDL) to AHS Laboratory Services.
- Both requisitions will be distributed in pads of 100.

Action Required:

- All physician offices should order and begin using the new South Zone Laboratory and Microbiology requisitions on October 17, 2016.
- Ensure patient demographic information, requestor and “copy to” information is completed in full. Illegible or missing information results in the inability of the laboratory to deliver results to the appropriate caregiver in a timely manner.
- Please discard any copies of the previous AHS South Zone East Laboratory and Medicine Hat Diagnostic Laboratory requisitions.

How to Order

- Laboratory and Microbiology requisitions may be ordered using the Physician Office Printing Order Sheet.
- Meditech users may continue to order laboratory requisitions via Meditech. The South Zone Laboratory Requisition will automatically replace the former South Zone East Laboratory Requisition (1357900) and has the same stores order number. Microbiology requisitions must be ordered using the Physician Office Printing Order Sheet.

	Form #	Meditech Ordering #
South Zone Laboratory Requisition	20572	1357900 (same as previous SZE Lab Req)

- To obtain electronic copies for loading into POSP systems, contact AHS Forms Management at formsmanagement@ahs.ca
- Low-volume users who do not wish to order pads of 100 may print individual copies of the requisition from the Alberta Health Services website:
  Laboratory Requisition: http://www.albertahealthservices.ca/frm-20572.pdf
  Microbiology Requisition: http://www.albertahealthservices.ca/frm-20571.pdf

Important Changes:

- New requisitions use the standard Alberta Health Services demographic fragment.
- Updates to test listing with priority given to testing performed in South Zone and the most frequently referred out tests. Tests that are not listed may be requested by writing in the "Other Tests/Comments" section.
- Tests that require forms/requisitions from referral laboratories are not listed (eg. Malaria, Prenatal screening.
- Microbiology:
  - Vaginal Cultures: Tests that were previously bundled as part of the "genital culture" (**CUGEN**) request must now be explicitly and separately ordered on a requisition or in Meditech OE. These tests include:
    - Bacterial vaginosis/yeast (**VAGS**)
    - Trichomonas testing (**TRICHVAG**)
    - Vaginal culture (**CUGEN**) requires significant patient history. These histories include Toxic shock, Endometritis, GU surgery and sexual assault.

Links

- AHS Specimen Acceptance Policy: http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-sample-acceptance-appendix-a-dec-2012nm.pdf

Inquiries and feedback may be directed to:

- Ron Schulz, Quality Coordinator, South Zone. Ron.Schulz@ahs.ca
- Valerie Verge, Coordinator, Accession and Community, South Zone East. Valerie.Verge@ahs.ca

This bulletin has been reviewed and approved by:
Dr. Julio Silva, South Zone Laboratory Clinical Co-Lead
Dorothy Ward, South Zone Laboratory Director

Alberta Health Services

South Zone Microbiology Requisition

Accession # *(lab only)*

Patient

PHN	Alternate Identifier		Date of Birth *(yyyy-Mon-dd)*	
Last Name	First Name	Middle	Gender ☐ M ☐ F	Phone
Address	City/Town	Prov	Postal Code	Location

Requestor (s)

Requestor Name *(last, first)*	Copy to *(last, first)*	Copy to *(last, first)*
Location/Facility/Address	Location/Facility/Address	Location/Facility/Address
Phone	Phone	Phone
Healthcare Provider ID	Healthcare Provider ID	Healthcare Provider ID

Collection

Date *(yyyy-Mon-dd)*	Time *(24 hr)*	Location	Collector ID

Required Clinical Information

Suspected Organism/Diagnosis/Clinical History

Current or Recent Antibiotics/Antifungals

Eye, Ear, Nose, Throat Culture

☐ Throat, Group A Strep **(CUTHR)**
☐ Penicillin Allergy?
☐ Mouth, Yeast **(CUO)**
☐ Nose, Staph aureus **(CUN)**
☐ Ear **(CUEAR)** ☐ Left ☐ Right
☐ Eye **(CUEYE)** ☐ Left ☐ Right

Urine

☐ Urine Culture **(CUU)** ☐ Midstream ☐ Urine bag
☐ Symptomatic? ☐ Catheter *(Specify)* _____
☐ Pregnant? ☐ Other _____
If Neither, Indication Required:
☐ GU Surgery
☐ Other _____

Respiratory

☐ Resp. Syncytial Virus **(RSV)** ☐ Nasopharyngeal ☐ Auger suction
☐ Sputum Culture **(CUSPU)** ☐ Expectorated ☐ Suction
☐ Cystic Fibrosis?
☐ Respiratory Culture **(CURES)** ☐ Auger Suction
☐ Bronchial Washings ☐ Left ☐ Right
☐ Bronchoalveolar Lavage ☐ Left ☐ Right
☐ TB/AFB Culture **(TBCU)** ☐ Brushing ☐ Left ☐ Right
☐ Fungal Culture **(FUNINV)** Other _____

Genital Tract

☐ Bacterial vaginosis/yeast **(VAGS)**
☐ Trichomonas **(TRICHVAG)**
☐ Group B Strep **(GBS)** **Pregnant Only**
☐ Penicillin Allergy?
☐ Chlamydia/Gonorrhea **(CHLGCPROV1)** ☐ Vaginal (pink APTIMA vag swab)
☐ Urine (Initial 30mL only)
☐ Cervix ☐ Urethral ☐ Rectal
(blue APTIMA unisex swab)
☐ Genital Culture **(CUGEN)** ☐ Cervix ☐ Urethra *(charcoal swab)*
Significant History Required ☐ Vagina
☐ Toxic Shock ☐ GU Surgery ☐ Other _____
☐ Endometritis ☐ Sexual Assault

Gastrointestinal Culture

☐ Stool Culture **(CUST)**
☐ Bloody Specimen?
☐ C diff toxin **(CDTOX)**
Ova & Parasites
☐ Cryptosporidium/Giardia Screen Only **(CRYSGIA)**
☐ Ova & Parasite Investigation: Significant history required **(OPI)**
☐ Travel to/residence in developing country Location _____
☐ Bloody Stool ☐ Eosinophilia
☐ Immunocompromised ☐ Other _____
☐ Pinworm **(PIN)**
☐ Worm Identification **(WORMID)**

Wounds, Tissue, Drainage

Specimen/Site Description (MUST specify)

☐ Superficial Culture <2cm **(CUSUP)** ☐ Wound Swab
(Aerobic only) ☐ Abscess ☐ Drainage
Deep Culture >2cm ☐ Wound Swab ☐ Bite
☐ Aerobic culture only **(CUSUP)** ☐ Deep Abscess ☐ Aspirate
☐ Aerobic and anaerobic culture **(CUWD)** ☐ Other _____
☐ Foreign Body Culture **(CUFB)** ☐ Catheter Tip ☐ IUD
☐ Other _____
☐ Tissue Culture **(CUTI)**
☐ Bone Culture **(CUBO)**
☐ Dermatophytes - Fungus **(FUNINV)** ☐ Hair ☐ Skin ☐ Nails

Blood and Sterile Body Fluids

☐ Blood Culture **(CUB)**
☐ Blood Culture – Fungus **(CUBFUN)**
☐ CSF Culture **(CUCSF)** **Phone Lab if CJD Risk**
☐ Body Fluid Culture **(CUBF)** ☐ Synovial ☐ Peritoneal
☐ Dialysate ☐ Pleural
☐ Bursa ☐ Other_____

Infection Control Screen

☐ MRSA Screen **(MRSA)** ☐ Nasal ☐ Urine
☐ Rectal/stool ☐ Groin
☐ VRE Screen **(VRE)** ☐ Rectal/stool

Other Tests / Comments

Alberta Health Services

South Zone Laboratory Requisition

Accession # *(lab only)*

Appointments:
Lethbridge 403.388.6201

Client Service Centre:
Lethbridge 403.388.6057

Patient

PHN	Alternate Identifier		Date of Birth *(yyyy-Mon-dd)*	
Last Name	First Name	Middle	Gender ☐ M ☐ F	Phone
Address	City/Town	Prov	Postal Code	Location

Requestor (s)

Requestor Name *(last, first)*	Copy to *(last, first)*	Copy to *(last, first)*
Location/Facility/Address	Location/Facility/Address	Location/Facility/Address
Phone	Phone	Phone
Healthcare Provider ID	Healthcare Provider ID	Healthcare Provider ID

Collection

Date *(yyyy-Mon-dd)*	Time *(24 hr)*	Location	Collector ID

Priority: ☐ Routine ☐ Stat ☐ Urgent ☐ Timed

Ⓕ Denotes a **Fasting Test**

Hematology

☐ **CBC** & Diff
☐ **Retic** Count

Coagulation

☐ **INR**
☐ **PTT**
☐ **D-D**imer
☐ **Fib**rinogen

Transfusion Medicine

☐ **ABORH**
☐ ABORH&AB Screen **(ABSG)**
☐ Direct Antiglobulin Test **(DAT)**
☐ Type and Screen **(TS)**
Transfusion:
☐ RBC ☐ Other _____
# of Units _____
Date/Time _____
Location _____
Antibodies _____
Prev Transfusion/Pregnancy?
☐ Yes ☐ No
Date _____

Enzymes

☐ **ALP**
☐ **ALT**
☐ **AST**
☐ **CK**
☐ **GGT**
☐ **LD**
☐ **Lipa**se
☐ **Trop**onin

Proteins

☐ **Alb**umin
☐ **C3** Complement
☐ **C4** Complement
☐ C-Reactive Protein **(CRP)**
Cardiac? ☐ Yes ☐ No
☐ Immunoglobulin Panel **(IgQ)**
☐ Protein Electrophoresis **(PE)**
☐ **Prot**ein, Total

Chemistry

☐ Electrolyte Panel **(LYTE)**
☐ Sodium **(NA)**
☐ Potassium **(K)**
☐ **Osm**olality, Serum

☐ **Crea**tinine
☐ **Urea**

☐ **Glu**cose ☐ **F**asting Ⓕ ☐ **R**andom
☐ Hemoglobin A1C **(HBA1C)**
☐ 2 hr glucose tolerance Ⓕ **(GLUT2)**
☐ Patient Meter - Lab Correlation
☐ **F**asting Ⓕ ☐ **R**andom **(GLUMLF/R)**

☐ **Bil**irubin ☐ **T**otal ☐ **D**irect
☐ **Bil**irubin, **N**eonate

☐ Carcinoembryonic Ag **(CEA)**

☐ **Fer**ritin
☐ **Iron**, IBC, Index
☐ Vitamin B12 **(B12)**

☐ **Ca**lcium
☐ Magnesium **(MG)**
☐ **Pho**sphate
☐ **Ura**te (Uric Acid)

☐ **Lip**id Profile
☐ **Chol**esterol
☐ **Trig**lycerides Ⓕ
☐ **CVD** Risk Assessment
Systolic BP _____
History *(check all that apply)*:
☐ Tobacco ☐ Treated for high BP
☐ Diabetes ☐ CKD
☐ Atherosclerosis
☐ 1° relative <60y with CVD

Pregnancy

Prenatal Screen: Use AB Gov't Requisition
☐ **HCG U**rine
☐ **HCG Ser**um
☐ Gestational Diabetes Screen **(GDS)**
☐ Gestational 2 hr glucose tolerance Ⓕ **(GLUTG2)**

Endocrine / Thyroid

☐ **Cor**tisol ☐ 0800 ☐ 1600
☐ **Est**radiol
☐ **FSH**
☐ **LH**
☐ **TSH** ☐ **P**rogressive
☐ **Prog**esterone
☐ **Pro**lactin
☐ **PSA**
☐ **Test**osterone

Immunology/Serology

☐ Anti-Nuclear Ab **(ANA)**
☐ Anti- streptolysin O **(SO)**
☐ Anti-transglutaminase **(TRANSAB)**
☐ **Mono**nucleosis
☐ Hep A IgM (Infection) **(HAVIGM)**
☐ Hep A IgG (Immunity) **(HAVIGG)**
☐ Hep B Surface Ag **(HBSAGRO)**
☐ Hep B Ab (Immunity) **(HBSABRO)**
☐ Hep C Antibody **(HCVAB)**
☐ Rheumatoid Factor **(RF)**
☐ **Rub**ella IgG (Immunity)
☐ **Syph**ilis serology

Other Specimens / Fluids

☐ **FIT** Colorectal CA Screen
☐ Semen, Post-Vas **(SMNPV)**

Sterile Body Fluid
☐ Synovial
☐ Other _____
☐ CSF ***(Phone lab if CJD Risk)***
Source:
Tests:

Urine

☐ Urinalysis **(UA)**
☐ **Alb**umin ☐ Random ☐ Timed
☐ **Ca**lcium ☐ Random ☐ 24 Hr
☐ **Os**molality
☐ **Prot**ein ☐ Random ☐ 24 Hr
☐ **Pho**sphorus ☐ Random ☐ 24 Hr
☐ **Ura**te (Uric Acid), 24 hr
☐ **Cre**atinine ☐ Random ☐ Timed
☐ Crea Clearance, 24 hr **(CRCL)**
Height _____cm Weight _____kg

Drugs

☐ Acetaminophen **(ACTM)**
☐ Ethanol **(ETOH)**
☐ **Sal**icylate
Therapeutic Monitoring
Dose Regimen _____
Route _____
Time on regimen _____
Last Dose
(date/time) _____
Next Dose
(date/time) _____
☐ **Carb**amezepine/Tegretol
☐ **Dig**oxin
☐ **Lith**ium
☐ Phenobarbital **(PHNO)**
☐ Phenytoin /Dilantin **(PTN)**
☐ **Theo**phylline
☐ **Valp**roate/Depakene

Electrocardiogram

☐ **ECG**
To be read by _____
Reason:

Other Tests/Comments