



August 7, 2013

AHS Laboratory Services
Laboratory Integration, Standards & Initiatives
Edmonton General
Room 13R21, 11111 Jasper Ave
Edmonton, AB T5K 0L4

Dear Physicians,

Re: Transition of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) Testing to Calgary Laboratory Services (CLS)

This letter is directed to all physicians and healthcare staff in South Zone East who currently submit samples for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) testing to the Medicine Hat Diagnostic Laboratory using Starplex sterile, screw-capped container or the cobas 4800 CT/NG Female Collection Kit.

We would like to inform you that as part of a provincial standardization and consolidation initiative; as of September 23rd, 2013 testing will be performed at Calgary Laboratory Services. Since the method that will be used; GEN-PROBE APTIMA COMBO2® Chlamydia/GC method is different than what is currently performed at Medicine Hat Diagnostic Laboratory, **a change in the collection kit is required.**

****** Please note: Urine samples must come already transferred in the urine specimen transport tube. Swab specimens must be collected with the blue shaft collection swab. Samples not collected properly will not be processed. ******

****** Please note as this assay is extremely sensitive, all individuals handling patient samples must ensure they avoid introducing contamination by changing gloves after each patient they come in contact with or after each patient sample they contact. ******

Included are the **AHS/CLS Laboratory Bulletin, CLS utilization Memo and Newsletter, CLS Microbiology Requisitions, and Collection Instructions.**

If you have any questions, please contact Medicine Hat Diagnostic Laboratory or Calgary Laboratory Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Basil Elyas", with a long horizontal flourish extending to the right.

Alberta Health Services
Basil Elyas, BSc, PMP, CSSBB
Business Support Manager,
Laboratory Integration, Standards & Initiatives
Enc. 10

TO: All Physicians

FROM: Dr. Dan Gregson, Division Head, Microbiology, CLS

DATE: AUGUST 7, 2013

RE: Testing of Women \geq 35 years of Age for Genital *Chlamydia trachomatis*/*Neisseria gonorrhoeae* Cervicitis

As per the attached Calgary Laboratory Services (CLS) Microbiology Newsletter (August 2013), women \geq 35 years of age will no longer be routinely tested for genital *Chlamydia trachomatis*/*Neisseria gonorrhoeae* cervicitis effective September 23, 2013 when CLS assumes responsibility for testing Medicine Hat patients.

CLS will routinely test women in this age group in the following clinical situations:

- 1) Woman meets the **risk factors** outlined by Health Canada which include:
 - Recent contact with a known case of sexually transmitted infection (STI) and/or
 - Sexually active with new or $>$ 2 partners within the past 6 months **and/or**
 - Street involvement **and/or**
 - Substance abuse
 - Approval by Microbiologist-on-Call
- 2) Woman has symptoms suggestive of cervicitis and/or urethritis
- 3) Pregnant – prenatal screening. Public Health requires routine screening of pregnant women for genital *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae* infection. CLS will therefore continue to routinely screen pregnant women, regardless of age.

Physicians should complete the clinical history on the CLS Microbiology requisition, indicating why a woman \geq 35 years of age is being tested as outlined above. If the clinical reason for testing is not provided, the sample will not be analyzed.

CLS holds all genital specimens from women \geq 35 years of age for 7 days that are initially rejected for testing because a clinical history is not provided on the requisition. In these cases, the Medical Microbiologist-on-Call should be contacted at 403-770-3757 to have the testing approved.

If you have any questions or concerns, please contact the Medical Microbiologist on call at: 403-770-3757.

MICROBIOLOGY NEWSLETTER

Dr. D. Gregson - Editor

Dr. D. Church - Author

August 2013

Calgary Zone – Epidemiology of Genital *Chlamydia trachomatis* (CT) Infection in Women and Rationale for Restricted Testing in Those ≥ 35 Years of Age

Calgary Laboratory Services (CLS) currently performs simultaneous routine testing for both genital CT and *Neisseria gonorrhoeae* (GC) infection from urethral and endocervical swabs or urine from females using an automated nucleic acid amplification test called the APTIMA COMBO 2® Assay, which is run on the TIGRIS instrument (Hologic, Gen-Probe, San Diego, CA). This assay has a reported sensitivity and specificity of 94.2% and 97.6% respectively for both swabs and urine samples (<http://www.gen-probe.com/products-services/aptima-combo>).

CLS implemented a new policy in the Calgary Zone in March 2003 that restricted routine testing of genital samples for CT and GC infection in women ≥ 35 years of age. The Microbiology requisition was changed so that physicians had to provide a history for genital samples from women ≥ 35 years to be automatically tested as follows:

- Symptoms
- At Risk
- Pregnant

This newsletter outlined the rationale for implementing the age-restricted testing policy for women ≥ 35 years of age.

1) Who is at risk for acquiring genital CT infection?

Guidelines have been published by Health Canada that outline who is at risk for acquiring genital CT infection¹. The following patients have a high risk for acquiring genital CT infection and should be routinely tested for the presence of infection: 1) sexually active males and females <25 years of age, and/or 2) recent contact with a known case of any sexually transmitted infection (STI), and/or 3) sexually active with new or >2 partners in the past 6 months, and/or 4) street involved, and/or 5) involved in any substance use.

2) Demographics and prevalence of genital CT infection in women being tested for genital CT infection by CLS:

Figure 1 shows the number of negative versus positive genital CT tests done by CLS for women during the years of 2001-02 and according to age groups before testing was restricted to women ≤ 35 years of age. Figure 2 shows that after the age of 30-years, the overall rate of genital CT infection in women falls to an almost negligible rate of 0.5%. The peak overall prevalence of genital CT infection in women occurs in those between the ages of 21-30 years, and confirmed genital infection sharply decreased in women older than 30 years of age. Although much less prevalent than genital CT infection, the demographics of genital GC infection are similar (data not shown). This data confirmed that CLS was unnecessarily routinely testing many older women without any risk prior to the implementation of the age-restricted testing policy^{2, 3}. A recent review of the testing data in our region from last year showed that the prevalence of CT infection amongst women has not changed, except more testing is now being done in girls and teens ≤ 15 years of age.

Figure 1. Numbers of CT Negative versus Positive Genital CT Tests on Women - CLS 2001-02

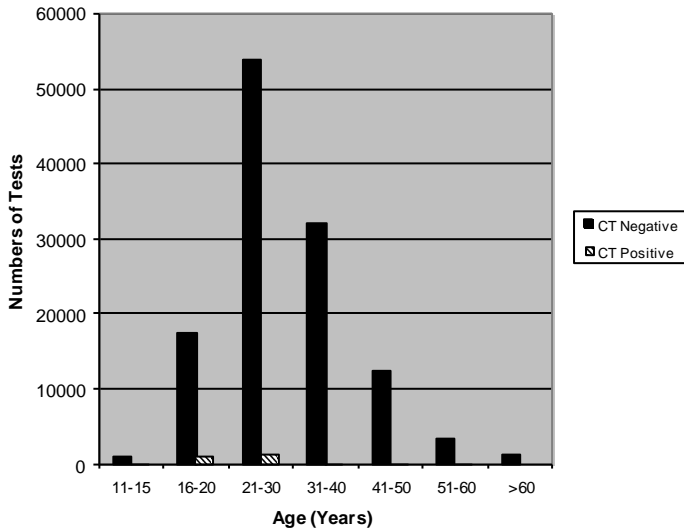
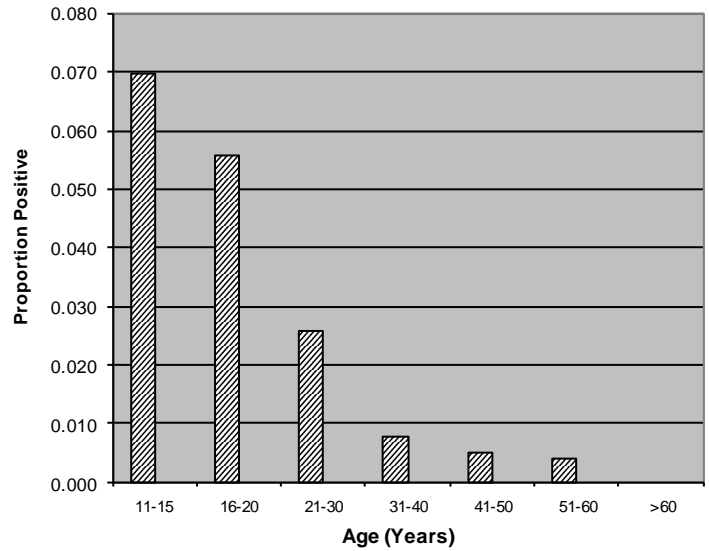


Figure 2. Proportion of Women with Positive Genital CT Tests - CLS 2001-02



3) What is the Risk Factor Profile of women being tested for genital CT infection in Calgary?

Several regional studies were also done prior to implementation of our age-restricted testing policy to determine the reasons why women in Calgary were being tested for genital CT infection^{2,3}. Women aged 15 to 75 years were enrolled at various patient care locations in the Calgary Health Region. Pertinent risk factors for genital CT infection were recorded and a gynecological examination was performed. Two endocervical swabs and a first-void urine sample were collected for CT detection using two different nucleic acid amplification methods². Five hundred and four women with a mean age of 28.1 ± 8.22 years were enrolled from the Provincial STI clinic, the family planning clinic, the infertility clinic, and at the Emergency Departments and physicians' office practices. Two hundred ninety-one women (57.8%) were at high risk for acquiring genital CT infection. Twenty-eight (5.6%) tested positive for CT infection and almost all of these women (26 of 28.9%) had risk factors for acquiring infection. Of the high-risk women, 9.8% were CT positive versus only 1.3% of the women were at low risk ($P=0.0001$). Only two of 152 (1.3%) of the women > 30 years had genital CT infection. Although most women were asymptomatic, those with laboratory-confirmed CT infection were more likely to have genitourinary symptoms. Three hundred forty-three of 476 (72%) of the women who did not have genital CT infection had no risk factors, and screening was done as part of a routine gynecological examination for other purposes (prenatal visit, Pap smear)³.

4) References:

1. *Canadian Guidelines on Sexually Transmitted Infections Updated January 2010*. Chlamydial Infections-Section 5-Management and Treatment of Specific Infections. Canada: Public Health Agency of Canada, 2013. <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-2-eng.php>
2. Semeniuk H, A Zentner, R Read and DL Church. Evaluation of sequential testing strategies using non-amplified and amplified methods for detection of *Chlamydia trachomatis* in endocervical and urine specimens from women. *Diag Microbiol Inf Dis* 2002; 42:43-57.
3. Church DL, Amante L., H Semeniuk, Gregson DB. *Selective testing of women based on age for genital Chlamydia trachomatis and Neisseria gonorrhoeae infection in a centralized regional microbiology laboratory*. *Diagn Microbiol Infect Dis*. 2007, Apr; 57 (4): 379-85. Epub 2007 Jan 19.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS
PLEASE CONTACT:**

Dr. Dan Gregson, Clinical Section Chief, Microbiology at: 403-770-3762, Sandra Corbett, Manager of Microbiology at: 403-770-3215 or the Microbiologist-on-Call at CLS at: 403-770-3757

Benefits of providing CLS with COMPLETE and LEGIBLE information:

- ✔ Promotes patient safety through reduced transcription errors
- ✔ Ensures samples are processed for the correct patient and tests are sent to the correct provider
- ✔ Reduces turn around time when processing patient samples

Ordering physician is required for laboratory standards.

- ✔ Please stamp all requisitions with the physician's stamp provided by CLS

The two letter province code and Personal Health Number ensure accurate patient identification and registration

Patient's full legal name, complete address, gender, date of birth, and phone number ensure accurate patient ID

If additional "COPY TO" reports are needed – last name, first name and location are required

ORDERING PHYSICIAN		LABORATORY REQUISITION	
Dr. Fred Smith All Smiles Med Clinic 222-456 Happy Dr. SW		PROVINCE: AB PERSONAL HEALTH NUMBER (PHN): 1 2 3 4 5 - 6 7 8 9	
COPY TO: Cole Jonathan Market Mall		PATIENT LAST NAME: Example FULL FIRST NAME: Patient	
Infection/Diagnosis/Suspected Organism: _____ Antibiotics: _____		PATIENT ADDRESS: 22 Happy Way SE CITY, PROVINCE: Calgary, AB	
IMMUNOSUPPRESSED: <input type="checkbox"/> YES <input type="checkbox"/> NO NEUTROPENIC: <input type="checkbox"/> YES <input type="checkbox"/> NO		CHART NUMBER: _____ GENDER: F DATE OF BIRTH: 1 9 8 8 / May / 2 2 40 5	
MOUTH/NOSE/THROAT/RESPIRATORY/EYE		URINE/STOOL	
<input type="checkbox"/> Mouth/Gingiva/Tongue	<input type="checkbox"/> Candida/Vincent's <input type="checkbox"/> Herpes (HSV) DFA slide req'd	<input type="checkbox"/> Urine - Midstream (MSU) <input type="checkbox"/> Urine - Catheter <input type="checkbox"/> Urine - Other specify source:	<input type="checkbox"/> Bacterial Culture (C & S) <input type="checkbox"/> Candida/Yeast
<input type="checkbox"/> Nose/Nasal	<input type="checkbox"/> S. aureus screen OR <input type="checkbox"/> MRSA screen	<input type="checkbox"/> Urine - collect initial stream Testing only performed when history provided at right	<input type="checkbox"/> Chlamydia/GC <input type="checkbox"/> less than 35 years old <input type="checkbox"/> Symptomatic/At Risk <input type="checkbox"/> Pregnant <input type="checkbox"/> Planning Pregnancy
Nasopharyngeal (specify): <input type="checkbox"/> aspirate <input type="checkbox"/> wash <input type="checkbox"/> swab	<input type="checkbox"/> RSV	<input type="checkbox"/> Stool	<input type="checkbox"/> Bacterial Culture (C & S) <input type="checkbox"/> Clostridium difficile toxin
<input type="checkbox"/> Throat	<input type="checkbox"/> Group A Strep (GAS) <input type="checkbox"/> Allergy to Penicillin/Rx Failure <input type="checkbox"/> Other - specify:	<input type="checkbox"/> Stool - Giardia/Cryptosp Screen only	<input type="checkbox"/> Giardia/Cryptosporidium Screen Patient history not required
<input type="checkbox"/> Throat Cystic fibrosis (CF) - ACH	<input type="checkbox"/> CF Protocol	<input type="checkbox"/> Stool - Full Ova & Parasitology	<input type="checkbox"/> Full O & P Includes Giardia/Cryptosporidium Screen
<input type="checkbox"/> Sputum <input type="checkbox"/> E-tube aspirate <input type="checkbox"/> T-tube aspirate	<input type="checkbox"/> Bacterial Culture (C & S) <input type="checkbox"/> Candida/Yeast	Te hi N Di	
<input type="checkbox"/> Sputum Cystic Fibrosis	<input type="checkbox"/> Fungal Culture <input type="checkbox"/> Adult CF Protocol <input type="checkbox"/> Pediatric CF Protocol		
<input type="checkbox"/> Bronchoalveolar lavage (BAL) <input type="checkbox"/> Bronchial Wash (BW)	<input type="checkbox"/> Bacterial Culture (C & S)		

Always indicate specimen site and source where applicable

Include patient history when requested on the requisition to ensure appropriate testing is performed

UROGENITAL: For surgical/traumatic urogenital wounds/abscesses complete superficial wound section	
<input type="checkbox"/> Cervical or <input type="checkbox"/> Vaginal vault > 35 years old testing only performed when history provided at right	<input type="checkbox"/> Chlamydia/GC - <input type="checkbox"/> Symptomatic/At Risk <input type="checkbox"/> Pregnant <input type="checkbox"/> Planning Pregnancy
<input type="checkbox"/> Cervical or <input type="checkbox"/> Vaginal vault	<input type="checkbox"/> GC Culture: Treatment failure only
<input type="checkbox"/> Vaginal/Adult (13 v	<input type="checkbox"/> Mycoplasma/Ureaplasma
<input type="checkbox"/> Vaginal vault	<input type="checkbox"/> Trichomonas vaginalis
	<input type="checkbox"/> Mycoplasma/Ureaplasma
	<input type="checkbox"/> Toxic shock syndrome

Always indicate specimen site and source where applicable

Include patient history when requested on the requisition to ensure appropriate testing is performed

REQUIRED INFORMATION	
Date & Time Collected:	Collected by:

Date and time the specimen was collected is required

Alberta Health Services Calgary Laboratory Services		ORDERING PHYSICIAN		MICROBIOLOGY REQUISITION			
		(Apply CLS Dr. Office Stamp Here) Last Name / Full First Name: _____ 5 Digit Client #: _____ Alpha Suffix Provider #: _____		SEE OVER FOR ADDITIONAL INFORMATION			
COPY TO 1) _____ Last Name _____ Full First Name _____ Office Address/Location _____ Infection Diagnosis/Suspected Organism _____ Antibiotics _____		PROVINCE		PERSONAL HEALTH NUMBER (PHN)		REGIONAL HEALTH RECORD NUMBER	
		PATIENT LAST NAME		FULL FIRST NAME		MIDDLE NAME	
IMMUNOSUPPRESSED- <input type="checkbox"/> YES <input type="checkbox"/> NO NEUTROPENIC- <input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT ADDRESS		CITY, PROVINCE		POSTAL CODE	
		CHART NUMBER		GENDER	DATE OF BIRTH		PATIENT PHONE NUMBER
				Y Y Y Y / M M M / D D () - - - -			
LIST TESTS REQUIRED STAT (SEE REVERSE FOR TESTS AVAILABLE STAT)							
MOUTH/ NOSE/THROAT/RESPIRATORY/EYE				URINE/STOOL			
<input type="checkbox"/> Mouth/Gingiva/Tongue		<input type="checkbox"/> Candida/Vincent's <input type="checkbox"/> Herpes (HSV) DFA slide req'd		<input type="checkbox"/> Urine - Midstream (MSU)		<input type="checkbox"/> Bacterial Culture (C & S)	
<input type="checkbox"/> Nose/Nasal		<input type="checkbox"/> S. aureus screen <input type="checkbox"/> MRSA screen OR		<input type="checkbox"/> Urine - Catheter		<input type="checkbox"/> Candida/Yeast	
<input type="checkbox"/> Nasopharyngeal (specify): <input type="checkbox"/> aspirate <input type="checkbox"/> wash <input type="checkbox"/> swab		<input type="checkbox"/> RSV		<input type="checkbox"/> Urine - Other specify source:		<input type="checkbox"/> Chlamydia/GC <input type="checkbox"/> less than 35 years old <input type="checkbox"/> Symptomatic/At Risk <input type="checkbox"/> Pregnant <input type="checkbox"/> Planning Pregnancy	
<input type="checkbox"/> Throat		<input type="checkbox"/> Group A Strep (GAS)		<input type="checkbox"/> Urine - collect initial stream Testing only performed when history provided at right		<input type="checkbox"/> Giardia/Cryptosporidium Screen <input type="checkbox"/> less than 35 years old <input type="checkbox"/> Symptomatic/At Risk <input type="checkbox"/> Pregnant <input type="checkbox"/> Planning Pregnancy	
		<input type="checkbox"/> Allergy to Penicillin		<input type="checkbox"/> Stool		<input type="checkbox"/> Bacterial Culture (C & S)	
		<input type="checkbox"/> Rx Failure/Other - specify:				<input type="checkbox"/> Clostridium difficile toxin	
<input type="checkbox"/> Throat Cystic fibrosis (CF) (ACH only)		<input type="checkbox"/> CF Protocol		<input type="checkbox"/> Stool - Giardia/Cryptosporidium Screen only		<input type="checkbox"/> Rotavirus	
<input type="checkbox"/> Sputum <input type="checkbox"/> E-tube aspirate <input type="checkbox"/> T-tube aspirate		<input type="checkbox"/> Bacterial Culture (C & S) <input type="checkbox"/> Candida/Yeast		<input type="checkbox"/> Stool - Full Ova & Parasite (O & P) Testing only performed when history provided at right Note: Diarrhea is not an acceptable history		<input type="checkbox"/> Giardia/Cryptosporidium Screen <i>Patient history not required</i>	
<input type="checkbox"/> Sputum Cystic Fibrosis (FMC and ACH only)		<input type="checkbox"/> Fungal Culture				<input type="checkbox"/> Full O & P <i>Includes Giardia/Crypto Screen</i> <input type="checkbox"/> Travel to _____ <input type="checkbox"/> Travel Clinic <input type="checkbox"/> GI Consultation/patient <input type="checkbox"/> Immigration <input type="checkbox"/> Immunosuppression <input type="checkbox"/> Bloody stool	
<input type="checkbox"/> Bronchoalveolar lavage (BAL)		<input type="checkbox"/> Adult CF Protocol				<input type="checkbox"/> Pinworm	
<input type="checkbox"/> Bronchial Wash (BW)		<input type="checkbox"/> Pediatric CF Protocol				<input type="checkbox"/> Ectoparasite/Worm	
<input type="checkbox"/> Bronchoalveolar lavage (BAL) - CF patient		<input type="checkbox"/> Bacterial Culture (C & S)				<input type="checkbox"/> Other - specify:	
Specify sites:		<input type="checkbox"/> CF Protocol					
		<input type="checkbox"/> Candida/Yeast					
		<input type="checkbox"/> Fungal Culture					
		<input type="checkbox"/> PCP - BAL only					
		<input type="checkbox"/> Legionella Culture - BAL only					
		<input type="checkbox"/> Other - specify:					
<input type="checkbox"/> Protected Brush (PBS)		<input type="checkbox"/> Bacterial Culture (C & S) <i>includes anaerobic culture</i>					
<input type="checkbox"/> Eye <input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Bacterial Culture (C & S)					
<input type="checkbox"/> Conjunctival swab		<input type="checkbox"/> Chlamydia/GC					
<input type="checkbox"/> Corneal swab		<input type="checkbox"/> Herpes (HSV) DFA slide req'd					
		<input type="checkbox"/> Other - specify:					
<input type="checkbox"/> Eye: Critical <input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Bacterial Culture (C & S)					
<input type="checkbox"/> Vitreous/Aqueous Eye Fluid		<input type="checkbox"/> Fungal Culture					
<input type="checkbox"/> Corneal scraping/Ulcer		<input type="checkbox"/> Herpes (HSV) DFA slide req'd					
<input type="checkbox"/> Orbital fluid		<input type="checkbox"/> Acanthamoeba					
<input type="checkbox"/> Other - specify:							
UROGENITAL: For surgical/traumatic urogenital wounds/abscesses complete superficial wound section				MISCELLANEOUS PARASITES/ECTOPARASITES			
<input type="checkbox"/> Cervical or <input type="checkbox"/> Vaginal vault >35 years old testing only performed when history provided at right		<input type="checkbox"/> Chlamydia/GC - <input type="checkbox"/> Symptomatic/At Risk <input type="checkbox"/> Pregnant <input type="checkbox"/> Planning Pregnancy		<input type="checkbox"/> Specify source:		<input type="checkbox"/> Pinworm	
<input type="checkbox"/> Cervical or <input type="checkbox"/> Vaginal vault		<input type="checkbox"/> GC Culture: Treatment failure only				<input type="checkbox"/> Ectoparasite/Worm	
<input type="checkbox"/> Vaginal/Adult (13 yrs or older) or <input type="checkbox"/> Vaginal vault		<input type="checkbox"/> Mycoplasma/Ureaplasma				<input type="checkbox"/> Other - specify:	
		<input type="checkbox"/> BV/Yeast					
		<input type="checkbox"/> Trichomonas vaginalis					
		<input type="checkbox"/> Mycoplasma/Ureaplasma					
		<input type="checkbox"/> Toxic shock syndrome					
<input type="checkbox"/> Pediatric (less than 13 yrs) <input type="checkbox"/> Vaginal <input type="checkbox"/> introitus		<input type="checkbox"/> Bacterial Culture (C & S)					
<input type="checkbox"/> Pediatric (less than 13 yrs) <input type="checkbox"/> Rectal <input type="checkbox"/> Perianal <input type="checkbox"/> Perineum		<input type="checkbox"/> R/O Group A Strep (GAS) <input type="checkbox"/> R/O S. aureus <input type="checkbox"/> R/O Candida/Yeast					
<input type="checkbox"/> Pediatric (less than 13 yrs) <input type="checkbox"/> Vaginal <input type="checkbox"/> Urethral <input type="checkbox"/> Rectal		<input type="checkbox"/> Chlamydia/GC					
<input type="checkbox"/> Urethra (13 yrs or older)		<input type="checkbox"/> Chlamydia/GC					
		<input type="checkbox"/> Mycoplasma/Ureaplasma					
		<input type="checkbox"/> GC Culture: Treatment failure only					
<input type="checkbox"/> Rectal Adult (13 yrs or older)		<input type="checkbox"/> GC Culture					
		<input type="checkbox"/> Chlamydia/GC					
<input type="checkbox"/> Vaginal/Rectal - pregnant only		<input type="checkbox"/> Group B Streptococcus (GBS)					
<input type="checkbox"/> Semen		<input type="checkbox"/> Bacterial Culture (C & S)					
<input type="checkbox"/> Genital ulcer Specify source:		<input type="checkbox"/> Herpes (HSV) DFA slide req'd					
DERMATOPHYTES				BLOOD/STERILE FLUIDS			
Specify source:		<input type="checkbox"/> Fungal Culture/KOH		Blood Culture:		<input type="checkbox"/> Bacterial/Yeast Culture	
<input type="checkbox"/> Skin <input type="checkbox"/> Hair <input type="checkbox"/> Nails				<input type="checkbox"/> Peripheral		<input type="checkbox"/> Indicate if Endocarditis	
				<input type="checkbox"/> Central line			
				<input type="checkbox"/> Arterial line			
				<input type="checkbox"/> Dialysis access line			
				<input type="checkbox"/> Malaria: History form required www.calgarylabservices.com		<input type="checkbox"/> Bacterial Culture (C & S)	
				<input type="checkbox"/> Other blood parasites: contact Microbiologist on Call 403-770-3757 before collection			
				Cerebral spinal fluid (CSF):			
				<input type="checkbox"/> Lumbar puncture			
				<input type="checkbox"/> Indwelling CNS Shunt			
				<input type="checkbox"/> External ventricular drain			
				<input type="checkbox"/> Other - specify:			
				<input type="checkbox"/> Peritoneal dialysis fluid (dialysate)			
				<input type="checkbox"/> Peritoneal fluid			
				<input type="checkbox"/> Pleural fluid			
				<input type="checkbox"/> Synovial fluid			
				<input type="checkbox"/> Fluid - other specify:			
Other test requests require Microbiologist On Call approval 403-770-3757							
REQUIRED INFORMATION							
Date & Time Collected:				Collected by:			
Accession Number(s)							

Calgary Laboratory Services

Mailing Address: Diagnostic & Scientific Centre 9, 3535 Research Road N.W. • Calgary, Alberta • T2L 2K8 Main Reception 403-770-3500
Laboratory Information Centre 403-770-3600 • www.calgarylabservices.com

PATIENT SERVICE CENTRES – APPOINTMENTS ARE STRONGLY RECOMMENDED.

WEBSITE BOOKING: www.calgarylabservices.com OR CALL 403-770-5136

General Information or Inquiries: www.calgarylabservices.com or call Lab Information Centre 403-770-3600



Medical Staff: For test information, specimen collection instructions, etc. see www.calgarylabservices.com

Physicians may contact the Laboratory Information Centre (L.I.C.) for test results and related inquiries

CENTRAL (Downtown) CALGARY

- Gulf Canada Square**
344 - 401 - 9 Avenue SW
Fax: 403-777-5148
Mon - Fri 7:00 am - 4:30 pm
- Sheldon Chumir Health Centre**
1213 - 4th Street SW
Fax: 403-955-6199
 Mon - Fri 7:00 am - 4:30 pm




SOUTHWEST CALGARY

- Glenmore Landing**
D264 - 1600 - 90 Avenue SW
Fax: 403-777-5166
Mon - Fri 7:00 am - 4:30 pm
- Glenbrook Plaza**
154 - 3715 - 51 Street SW
Fax: 403-777-5182
 Mon - Fri 6:30 am - 6:00 pm
Sat 7:00 am - 3:00 pm
- Sloane Square**
210 - 5920 - 1A Street SW
Fax: 403-777-5162
 Mon - Fri 7:00 am - 4:30 pm
Sat 7:00 am - 3:00 pm




NORTHWEST CALGARY

- Beddington Towne Centre**
209 - 8120 Beddington Blvd NW
Fax: 403-777-5137
Mon - Fri 6:30 am - 6:00 pm
Sat 7:00 am - 3:00 pm
- Ranchlands**
150 - 1829 Ranchlands Blvd NW
Fax: 403-777-5140
Mon - Fri 6:30 am - 4:00 pm
Sat 7:00 am - 3:00 pm
- Stadium**
Foothills Professional Building
160 - 1620 - 29 Street NW
 Fax: 403-777-5134
Mon - Fri 7:00 am - 4:30 pm
- Market Mall Prof. Centre**
300 - 4935 - 40 Avenue NW
Fax: 403-247-6672
 Mon - Fri 6:30 am - 6:00 pm
Sat/Sun 7:00 am - 3:00 pm
- North Hill**
#254 North Hill Shopping Centre
1632 - 14 Avenue NW
Fax: 403-777-5127
Mon - Fri 7:00 am - 4:30 pm

SOUTHEAST CALGARY

- Avenida Village**
 12445 Lake Fraser Dr SE
Fax: 403-777-5176
Mon - Fri 6:30 am - 4:00 pm
- South Calgary Health Centre**
211 - 31 Sunpark Plaza SE
South Entrance
Fax: 403-777-5186
 Mon - Fri 6:30 am - 6:00 pm
Sat/Sun/Holidays 7:00 am - 3:00 pm
- Riverbend**
180 - 200 Rivercrest Drive SE
(Riverbend Atrium)
 Fax: 403-777-5156
Mon - Fri 7:00 am - 4:30 pm
- South Health Campus**
4448 Front Street SE
Opening Fall 2012

NORTHEAST CALGARY

- Marlborough**
#455 - Marlborough Mall Prof. Tower
433 Marlborough Way NE
Fax: 403-777-5146
 Mon - Fri 6:30 am - 4:00 pm
Sat 7:00 am - 3:00 pm
- McKnight Village**
5426 Falsbridge Drive NE
Fax: 403-777-5183
 Mon - Fri 6:30 am - 4:00 pm
Sat 7:00 am - 3:00 pm
- Sunridge**
3 - 2681 - 36 Street NE
Fax: 403-777-5155
 Mon - Fri 6:30 am - 6:00 pm
Sat/Sun 7:00 am - 3:00 pm
- Airdrie Community Health Centre**
103 - 217 Centre Avenue SW
Airdrie, AB
Fax: 403-948-4064
Mon - Fri 7:00 am - 4:30 pm
- Cochrane Community Health Centre**
60 Grande Blvd
Cochrane, AB
Fax: 403-932-5441
Mon - Fri 7:00 am - 4:30 pm

For Calgary Rural Laboratory locations and hours of operation, visit <http://www.calgarylabservices.com/lab-patient/lab-locations/rural-lab-locations.aspx>

Alberta Health Care or other form of government issued I.D. must be presented at each visit

CALGARY REGION HOSPITAL LABORATORY LOCATIONS

Alberta Children's Hospital
Mon-Fri 7:30 am - 5:00 pm

Peter Lougheed Centre
Mon-Fri 7:00 am - 5:00 pm

Rockyview General Hospital
Mon-Fri 6:30 am - 5:00 pm

FOOTHILLS MEDICAL CENTRE

Special Services Building
Ground Floor
SSB - Room AGC72C
Mon-Fri 7:30 am - 4:00 pm

Womens Health Centre
Room 127 North Tower
Mon-Fri 7:00 am - 4:00 pm

Microbiology Tests Available STAT

Gram stain Malarial Smear Pneumocystis jiroveci (PCP)

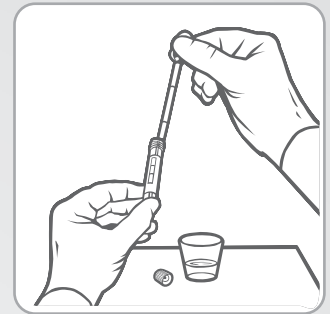
**Other tests ordered STAT require the approval of a Microbiologist. Contact:
MICROBIOLOGIST ON CALL 403-770-3757 (Physicians Only)**

**For General Laboratory tests available STAT refer to the yellow Community General Requisition (9012PSC),
or the Acute Care Requisition (9011RRL)**

Collection for Male and Female Urine Specimens

Patient should not have urinated for at least 1 hour prior to specimen collection.

1. Direct patient to provide first-catch urine (approximately 20 to 30 mL of initial urine stream) into urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Female patients should not cleanse labial area prior to providing specimen.
2. Remove cap from urine specimen transport tube and transfer 2 mL of urine into urine specimen transport tube using disposable pipette provided. The correct volume of urine has been added when fluid level is between black fill lines on urine specimen transport tube label.
3. Re-cap urine specimen transport tube tightly. This is now known as the "processed urine specimen."



Specimen Transport and Storage

1. After collection, transport and store the processed urine specimens in the APTIMA urine specimen transport tube at 2°C to 30°C until tested. Processed urine specimens should be assayed with the APTIMA Assay for CT and/or GC within 30 days of collection. If longer storage is needed, freeze at -20°C to -70°C for up to 90 days after collection.
2. Urine samples that are still in the primary collection container must be transported to the lab at 2°C to 30°C. Transfer urine sample into APTIMA urine specimen transport tube within 24 hours of collection. Store at 2°C to 30°C and test within 30 days of collection.



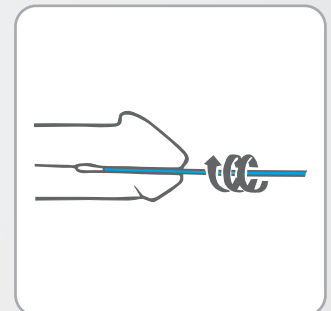
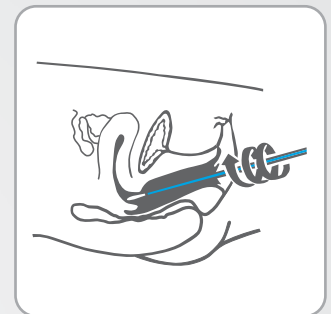
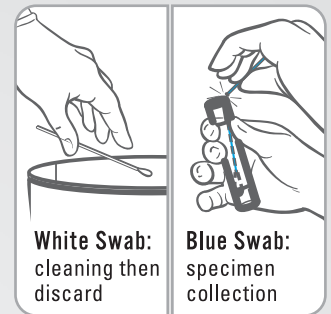
Collection for Endocervical Swab Specimens

1. Remove excess mucus from cervical os and surrounding mucosa using cleaning swab (white shaft swab in package with red printing).

Discard this swab.

A large-tipped cleaning swab (not provided) may be used to remove excess mucus.

2. Insert specimen collection swab (blue shaft swab in package with green printing) into endocervical canal.
3. Gently rotate swab clockwise for 10 to 30 seconds in endocervical canal to ensure adequate sampling.
4. Withdraw swab carefully; avoid any contact with vaginal mucosa.
5. Remove cap from swab specimen transport tube and immediately place specimen collection swab into specimen transport tube.
6. Carefully break swab shaft at scoreline; use care to avoid splashing contents.
7. Re-cap swab specimen transport tube tightly.



Collection for Male Urethral Swab Specimens

Patient should not have urinated for at least 1 hour prior to specimen collection.

1. Insert specimen collection swab (blue shaft swab in package with green printing) 2 to 4 cm into urethra.
2. Gently rotate swab clockwise for 2 to 3 seconds in urethra to ensure adequate sampling.
3. Withdraw swab carefully.
4. Remove cap from swab specimen transport tube and immediately place specimen collection swab into specimen transport tube.
5. Carefully break swab shaft at scoreline; use care to avoid splashing contents.
6. Re-cap swab specimen transport tube tightly.

Specimen Transport and Storage

After collection, transport and store swab in swab specimen transport tube at 2°C to 30°C until tested. Specimens must be assayed with the APTIMA Assay for CT and/or GC within 60 days of collection. If longer storage is needed, freeze at -20°C to -70°C for up to 90 days after collection.





Improper Sample Collection Results In Sample Rejection

Collect and Send
to the Lab....
One (1) BLUE
Swab Only.

