

## SPECIMEN COLLECTION KIT/REQUISITION ORDER FORM

**Edmonton Site:**

8440-112 Street, Edmonton AB T6G 2J2  
Phone: (780) 407-8971

**Fax Edmonton area orders to: (780) 407-8984**

**Calgary Site:**

3030 Hospital Drive NW, Calgary AB T2N 4W4  
Phone: (403) 944-2583

**Fax Calgary area orders to: (403) 944-2317**

<b>Facility Name:</b>	<b>Phone:</b>			
<b>Facility Address:</b>				
<b>Contact Person:</b>		<b>Notes:</b>		
Items	Quantity		Lot number	Expiry Date
	Each	Box/Bag/Kit	(Laboratory use only)	
CONTAINERS, Sterile (urine or sputum c/s)				
CONTAINERS, Sterile (fecal c/s)				
BAGS, Water (TRI-WALL)				
BAGS, Biohazard specimen				
KIT, Aptima® Unisex Swab (endocervical/urethral)				
KIT, Aptima® Urine Specimen (male/female)				
KIT, Flu/UTM <a href="#">(insert 1)</a> <a href="#">(insert 2)</a>				
KIT, Gastric Wash (TB) <a href="#">(insert)</a>				
KIT, HSV and VZV (non-blood) <a href="#">(insert)</a>				
KIT, Ice Collection (Environmental)				
KIT, Mumps <a href="#">(insert)</a>				
KIT, Mycology/Fungus (hair/skin/nails) <a href="#">(insert)</a>				
KIT, Pertussis <a href="#">(insert 1)</a> <a href="#">(insert 2)</a>				
KIT, Serology (HIV / virus / syphilis / HEP)				
KIT, Sputum (TB) <a href="#">(insert)</a>				
KIT, Stool (c/s or viral) <a href="#">(insert)</a>				
KIT, Stool (o/p) SAF preservative <a href="#">(insert)</a>				
KIT, Water Collection (Environmental)				
KIT, Other (please specify)				
MEDIA, Pertussis (Regan Lowe)				
MEDIA, SAF Preservative				
MEDIA, Universal Transport (UTM)				
REQUISITION PAD, Calgary Bacteriology				
REQUISITION PAD, Calgary Virology				
REQUISITION, Edmonton Culture and Serology #CHA 39				
REQUISITION, Request for Microbiological Analysis of Water				
SWAB, FLOQSwab™ (Nasopharyngeal)				
SWAB, Polyester swab				
SWAB, Throat (Clear)				
SWAB, Charcoal <b>FEMALE</b>				
SWAB, Rayon <b>MALE</b> (ULTRA Fine Tip)				
TUBES, Conical 50 mL ( <b>TB</b> )				
TUBES, Vacutainer Blood Tube (5 mL) EDTA-PPT <input type="checkbox"/> SST <input type="checkbox"/> SPS <input type="checkbox"/>				
<b>FOR LABORATORY USE ONLY</b>				
<b>Date Order Taken:</b>		<b>Date Order Filled:</b>	<b>Sent Via:</b>	
			<input type="checkbox"/> Trans-Med <input type="checkbox"/> CLS <input type="checkbox"/> Gov <input type="checkbox"/> ProvLab Driver <input type="checkbox"/> Picked up <input type="checkbox"/> Other	
<b>Order Taken By:</b>		<b>Order Filled By:</b>		