ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Microbiology Requisition

Alberta Precision Laboratories 1-877-868-6848
Appt Booking & Locations: www.albertaprecisionlabs.ca

Important - Form is used for regular and downtime use. ***Bold*** and ***italicized*** fields contain critical data elements that must be reconciled for downtime.

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____ | Date of Birth *(dd-Mon-yyyy)*

Legal Last Name | Legal First Name | Alternate Identifier

Middle Name | Preferred Name | ☐ Male ☐ Female ☐ X Non-binary/Prefer not to disclose | Phone

Address | City/Town | Prov | Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*			Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address		Phone	Address	Address
CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name			Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)* | 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** (Acute Pharyngitis Screen, Group A Strep)
☐ Treatment failure ☐ Penicillin Allergy
☐ **Mouth** (Oral Candidiasis)
☐ **Nasal** (Staphylococcus aureus Carriage)
☐ **Ear** ☐ Left ☐ Right

Eye (Superficial,Conjunctivitis) ☐ Left ☐ Right
Eye (Critical/Invasive) ☐ Left ☐ Right
☐ Aqueous Fluid ☐ Aspirate ☐ Biopsy ☐ Corneal Scrapings
☐ Solution ☐ Tissue ☐ Vitreous ☐ Wash

Respiratory

Source/Specimen Type
☐ Sputum
☐ Other _____
☐ Cystic Fibrosis

Test
☐ Bacterial Culture
☐ Fungal Culture
☐ Mycobacterial Culture (TB/AFB)

Gastrointestinal

☐ Stool Culture (Bacterial Enteric Screen/Panel)
☐ C. difficile Test
Stool for Parasites
Symptom Duration ☐ ≤ 7 days ☐ > 7 days ☐ Unknown
☐ Stool Parasite Screen; Cryptosporidium/Giardia
☐ Ova & Parasite Investigation: **Significant history required**
☐ Travel to/residence in developing country Location _____
☐ Bloody Stool ☐ Eosinophilia
☐ Immunocompromised ☐ Other _____
☐ Pinworm

Blood and Sterile Body Fluids

Blood ☐ Blood Culture

CSF **If risk of CJD, must call laboratory**
☐ Bacterial Culture ☐ CSF Viral Panel
☐ Fungal Culture ☐ Mycobacterial Culture (TB/AFB)

Body Fluid

Source/Specimen Type
☐ Bursa
☐ Synovial ☐ Prosthetic
☐ Dialysate
☐ Drain *(e.g. JP)* in situ < 24h
☐ Other _____

Test
☐ Bacterial Culture
☐ Fungal Culture
☐ Mycobacterial Culture (TB/AFB)

Infection Control Screen

☐ MRSA Screen
Source/Specimen Type ☐ Nasal/Nares ☐ Groin/Inguinal
☐ Other _____

Urine

☐ Urine Culture *(specify history below)*
Source/Specimen Type
☐ Midstream Urine ☐ Indwelling Catheter ☐ In/Out Catheter
☐ Other _____

Symptomatic	Asymptomatic - **must specify**
☐ Lower urinary tract *(e.g. dysuria)*	☐ ***Pregnant***
☐ Sepsis/pyelonephritis	☐ Prior to urologic procedure
☐ Other non-localizing	

Genital Tract

☐ Bacterial vaginosis/yeast ☐ Trichomonas vaginalis Screen
☐ Group B Strep Pregnancy Screen: vaginal/rectal swab
☐ Penicillin Allergy

☐ Chlamydia/Gonorrhea Screen
If pregnant: ☐ Initial Screen ☐ Rescreen ☐ Test of Cure
Source ☐ Urine, first catch ☐ Endocervix ☐ Urethra ☐ Vagina
☐ Rectal ☐ Throat ☐ Eye

☐ Genital Culture
Source/Specimen Type ☐ Endocervix ☐ Urethra ☐ Vagina

Significant History Required ☐ Puerperal Sepsis ☐ Toxic Shock
☐ Pelvic/GU Surgery ☐ Gonorrhea Culture (treatment failure)
☐ Other _____

Wounds, Tissue, Other

☐ Superficial Culture (≤ 2cm) | **Site/Location Required**
Source/Spec Type Required
☐ Wound/Incision ☐ Abscess
☐ Ulcer ☐ Burn ☐ Bite

☐ Deep Culture (> 2cm) | **Site/Location Required**
Source/Spec Type Required
☐ Wound/Incision ☐ Abscess
☐ Ulcer

☐ Tissue | **Test** ☐ Bacterial Culture ☐ Fungal Culture ☐ Mycobacterial Culture (TB/AFB) | **Site/ Location Required**

Other
☐ Implanted Medical Device - specify _____
☐ Catheter Tip - specify _____
☐ Dermatophytes - Fungus ☐ Hair ☐ Skin ☐ Nail
☐ Parasite/Worm/Arthropod Identification - specify _____

Other Tests / Comments