

Public Health Microbiology Requisition



Edmonton Site 8440-112 St. NW T6G 2J2
Phone 780.407.7121 Fax 780.407.3864
Virologist/Microbiologist-on-call 780.407.8822

Calgary Site 3030 Hospital Dr NW T2N 4W4
Phone 403.944.1200 Fax 403.270.2216
Virologist/Microbiologist-on-call 403.944.1110

■ For Infectious Disease Serology or PCR/NAT testing use form 20676 Serology and Molecular Testing Requisition (<https://www.albertahealthservices.ca/frm-20676.pdf>) or 20087 Zoonotic Testing Requisition (<https://www.albertahealthservices.ca/frm-20087.pdf>)

■ For other tests or further information refer to the **Guide to Services** (<https://www.albertahealthservices.ca/lab/page3317.aspx/education.htm>)

Scanning Label or Accession # (lab only)

PHN

Expiry: _____

Date of Birth (dd-Mon-yyyy)

Legal Last Name

Legal First Name

Middle Name

Alternate Identifier

Preferred Name

☐ Male

☐ Female

☐ Non-binary

☐ Prefer not to disclose

Phone

Address

City/Town

Prov

Postal Code

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

Phone

Phone

Clinic Name

Clinic Name

Clinic Name

Collection

Date (dd-Mon-yyyy)

Time (24 hr)

Location

Collector ID

Provide Clinical History or Reason for Testing

Travel History

Outbreak Exposure Investigation (EI) number if applicable (yyyy-####)

Diagnosis/History/Suspected pathogen(s)

Specimen Type/Source

Body Fluid

☐ Blood

☐ CSF

☐ Urine

☐ Other (specify) _____

☐ Blood Marrow

Respiratory

☐ Sputum (Induced)

☐ Sputum (Expectorated)

☐ Bronchoalveolar Lavage

☐ Pleural Fluid

Swab

☐ Genital (specify) _____

☐ Nasopharyngeal (specify) _____

☐ Lesion (specify) _____

☐ Other (specify) _____

Gastrointestinal

☐ Faeces/Stool

☐ Other (specify) _____

Other (specify site/location)

☐ Aspirate _____

☐ Tissue _____

☐ Biopsy _____

☐ Other (specify) _____

Test Request - if test not listed, consult Guide to Services

☐ Mycobacteria (AFB, TB) LAB877

For other culture requests on sputum (e.g. Fungal) refer to the APL Microbiology Requisition

Other Test(s) (specify)

Enteric Public Health

Testing requested by a Medical Officer of Health? ☐ Yes ☐ No

☐ Contact to a case

☐ Clearance from exclusion

☐ Enteric Bacterial Culture, Public Health OR specify pathogen(s) LAB1290

☐ Salmonella

☐ Shigella

☐ Shiga toxin-producing E. coli (STEC). Order Shiga toxin detection NAT LAB2002

☐ Other (specify) _____

☐ Gastroenteritis Viral Panel (GVP) NAT LAB1901

☐ Food poisoning organisms LAB1290

(B.cereus, C.perfringens, S.aureus)

Parasitology

☐ Ova and Parasite Microscopy (outbreak investigations only) LAB258

20691(Rv2025-01)

Side A

Mycobacteria and Public Health Enterics Requisition

Investigation	Specimen type	Comments
Mycobacterial Culture	Sputum, BAL, urine, stool, sterile fluids, tissues, CSF, gastric washings	<p>Submit specimens in sterile screw top containers. Swabs are NOT recommended. If necessary, dry swabs submitted in a sterile container are preferred.</p> <p>Collect three sputum specimens before eating. Serial same day collections should be spaced with a minimum interval of 1 hour.</p> <p>Collect gastric washing early in the morning before eating.</p>
	Blood & Bone Marrow	<p>Collect blood in an SPS tube (Citrate, heparin or ACD tubes are acceptable alternatives). Bone marrow should be submitted in an SPS tube.</p>
<p>Stool culture</p> <p>Specify EI# on requisition</p>	Faeces in closed container	<ul style="list-style-type: none"> DO NOT contaminate with water or urine. Submit ONLY one stool per day. For STEC clearance specimens, if previous stool is positive, do not submit another stool for 72 hours after collection of the last one. <p>Specify which agent(s) to be tested from the following:- <i>Campylobacter</i>, STEC (<i>E. coli</i> O157 or STEC non-O157), <i>Salmonella spp.</i>, <i>Shigella spp.</i>, <i>Aeromonas</i>, <i>Edwardsiella tarda</i>, <i>Plesiomonas</i> and <i>Yersinia</i>.</p> <p><i>Vibrio</i> culture is available upon request. Contact the Public Health Lab Microbiologist On-Call</p>
Food poisoning organisms	Faeces in closed container	Approval required by the Public Health Lab Microbiologist on-call.
Gastroenteritis Viral Panel (GVP) NAT/PCR	Faeces in closed container	<p>This test is only available for:</p> <p>Acute care patients (<i>urgent care, emergency or inpatient</i>), Immunocompromised, Outbreak investigations, or Community patients under 6 years of age.</p> <p>For special cases, please call the Public Health Lab Microbiologist On-Call for pre-approval BEFORE submitting.</p>
Ova and Parasite Microscopy	Faeces in closed container AND a specimen in SAF	Specify <u>clearly</u> on requisition when examination for microsporidia (stool or tissue) is required, as it is not a part of routine stool exam.
Parasite Direct Microscopy (worms, arthropods)	Clean container with tight fitting lid	<p>Animal and environmental ticks must be submitted through Alberta Health submit-a-tick program Lyme disease and tick surveillance Alberta.ca using the tick surveillance form (available on web page).</p> <p>Do NOT use the surveillance form for patient specimens</p>