

## Bacteriology Requisition

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

- For Serology 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>)

Patient	PHN		Alternate Identifier		Date of Birth <i>(yyyy-Mon-dd)</i>	
	Last Name		First Name		Middle	Gender
	Address		City/Town		Prov	Postal Code
Requestor	Requestor Name <i>(last, first)</i>		Location/Facility/Address		Phone	Healthcare Provider ID
	Copy to <i>(last, first)</i>		Location/Facility/Address		Phone	Healthcare Provider ID

<b>Provide Clinical History</b>	
Travel History	Occupation
Diagnosis/History/Suspected pathogen	
Current Antibiotics <i>(within the past 7 days)</i>	

<b>Specimen Type/Source</b>				
Date Collected <i>(yyyy-Mon-dd)</i>	Time <i>(24 hr)</i>	Location	Collector ID	<b>Outbreak (EI)</b> <i>if applicable (yyyy-###)</i>

<b>Body Fluid</b> <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Peritoneal <input type="checkbox"/> Urine	<b>Respiratory</b> <input type="checkbox"/> Cystic Fibrosis (CF) Patient <input type="checkbox"/> Auger Suction _____ *Specify Site <input type="checkbox"/> Bronchoalveolar Lavage* _____ <input type="checkbox"/> Bronchial washing* _____ <input type="checkbox"/> Bronchial brush* _____ <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Swab <input type="checkbox"/> Aspirate <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Throat Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Induced <input type="checkbox"/> Expectorated <input type="checkbox"/> Endo Tracheal Tube (ETT) aspirate	<b>Skin/Surgical</b> <div style="text-align: right; font-size: small;">Specify Site for all</div> <input type="checkbox"/> Abscess _____ <input type="checkbox"/> Aspirate _____ <input type="checkbox"/> Biopsy _____ <input type="checkbox"/> Bone Chip _____ <input type="checkbox"/> Skin Scraping _____ <input type="checkbox"/> Tissue _____ <input type="checkbox"/> Lesion Swab <i>(type)</i> _____ <input type="checkbox"/> <b>Other</b> <i>(specify)</i> _____
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<b>Test Request - if test not listed, consult Guide to Services or contact ProvLab Calgary Microbiologist on call</b>
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<b>General</b> <input type="checkbox"/> Mycobacteria (AFB, TB)                    M AFB <input type="checkbox"/> Blood/Bone Marrow for Mycobacteria   M BLOOD AFB <input type="checkbox"/> Mycoplasma Culture                            M MYCP <input type="checkbox"/> Bordetella Panel ( <i>B.pertussis</i> )            BP PCR <b>Fungal</b> <input type="checkbox"/> Fungus culture <input type="checkbox"/> Galactomannan <b>Other Tests</b> <i>(specify)</i>	<b>Enteric</b> <input type="checkbox"/> Stool Culture                                    M STOOLPROV <input type="checkbox"/> Stool Culture Specific Pathogen        M STOOLPROV <input type="checkbox"/> Campylobacter <input type="checkbox"/> Salmonella <input type="checkbox"/> Shiga toxin-producing <i>E. coli</i> O157 and <i>E. coli</i> non-O157 (STEC) <input type="checkbox"/> Shigella <input type="checkbox"/> Other <i>(specify)</i> _____ <input type="checkbox"/> Food Poisoning Organisms                M STOOLPROV ( <i>B.cereus, C.perfringens, S.aureus</i> ) <b>Parasitology</b> <input type="checkbox"/> Ova and Parasite Microscopy <input type="checkbox"/> Direct Examination (e.g. ticks and worms)
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