

Ophthalmology Microbiology Requisition

Scanning Label or Accession # (lab only)

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

Patient	PHN	Expiry: _____	Date of Birth (dd-Mon-yyyy)		
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> 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	
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	
	Clinic Name		Clinic Name	Clinic Name	
Collection	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID	
	Clinical Information/Suspected Organism			Antimicrobials	

- Label all sample containers and media with the patient's full first and last name and Personal Health Number (PHN/ULI) or Government issued identification (Military, Federal, RCMP, Immigration), as well as date and time of collection and source/site. If a patient demographic label is available, attach this label to the outside of the container.
- If submitting slides, **ensure the actual slides are labelled** (not slide container) with the patient's full first and last name (at minimum).
- If only one slide collected, **clearly indicate** on slide or requisition whether bacterial staining (Gram) or fungal staining required.

Specimen	Tests Required	Collection Container/Device
<input type="checkbox"/> Corneal scraping/tissue (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Eye Culture, Invasive (Bacterial Culture)	Media/slides inoculated at bedside OR Sterile container OR Pre-reduced anaerobic media
	<input type="checkbox"/> Fungal Culture	
	<input type="checkbox"/> Acanthamoeba Culture	Sterile container with Page's Amoeba Saline
	<input type="checkbox"/> Mycobacteria Culture (Acid-fast bacilli, AFB)	Sterile container. Dedicated specimen required
<input type="checkbox"/> Aqueous Fluid <input type="checkbox"/> Vitreous Fluid (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Keratitis/Conjunctivitis NAT Panel (Includes adenovirus, enterovirus, HSV, VZV, parechovirus)	Universal Transport Media (UTM)
	<input type="checkbox"/> Eye Culture, Invasive (Bacterial Culture)	Media/slides inoculated at bedside OR Sterile container OR Pre-reduced anaerobic media
	<input type="checkbox"/> Fungal Culture	
	<input type="checkbox"/> Acanthamoeba Culture	Sterile container with Page's Amoeba Saline
<input type="checkbox"/> Contact Lens <input type="checkbox"/> Contact Lens Case <input type="checkbox"/> Contact Lens Solution	<input type="checkbox"/> Mycobacteria Culture (Acid-fast bacilli, AFB)	Sterile container Dedicated specimen required
	<input type="checkbox"/> Chorioretinitis NAT Panel (Includes CMV, HSV/VZV, Toxoplasma gondii)	
	<input type="checkbox"/> Treponema pallidum NAT (Syphilis)	
<input type="checkbox"/> Conjunctival Swab (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Acanthamoeba Culture	Sterile container with Page's Amoeba Saline
	<input type="checkbox"/> Eye Culture, Superficial (Bacterial Culture) <input type="checkbox"/> Neisseria gonorrhoeae Culture	ESwab
	<input type="checkbox"/> Chlamydia and Gonorrhea Screen	APTIMA Unisex blue swab
<input type="checkbox"/> Keratitis/Conjunctivitis NAT Panel (Includes adenovirus, enterovirus, HSV, VZV, parechovirus)	<input type="checkbox"/> Lacrimal duct	Universal Transport Media (UTM)
	<input type="checkbox"/> Eyelid (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	
<input type="checkbox"/> Superficial (≤2cm) Wound Culture (Bacterial Culture) <input type="checkbox"/> Deep (≥2cm) Wound Culture (Bacterial Culture)	<input type="checkbox"/> Lacrimal duct	ESwab
	<input type="checkbox"/> Eyelid (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	
Additional Tests (must specify test and specimen source)		