

MICROBIOLOGY LABORATORY SERVICES

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LOCATION, HOURS OF OPERATION AND CONSULATATION

LOCATION:

St Paul's Hospital 604.682.2344 (Switchboard)
Providence Wing - Second Floor 604.806.8184 (68184) (For special requests)

HOURS OF OPERATION AND SERVICES

HOURS OF OPERATION:

Regular operating hours 0700 - 2300 hours
(Monday – Friday excluding statutory holidays)
Saturday, Sunday & statutory holidays 0800 - 1600 hours

CONSULTANT MEDICAL MICROBIOLOGISTS:

Dr. M. Romney 604.806.8188 (68188) Pager: 604.252.4184
Dr. C. Sherlock 604.806.8422 (68422) Pager: 604.258.3056
Dr. S. Champagne 604.806.8813 (68813) Pager: 604.252.4387
Dr. C. Lowe 604.806.3279 (63279) Pager: 604.252.4294
Dr. V. Leung 604.806.9373 (69373) Pager: 604.252.4650
Dr. N. Matic 604.806.3279 (63279) Pager: 604.252.4497

TECHNICAL SUPERVISORS:

Willson Jang (Team Lead) 604.806.8369 (68369)
Anna Wong (Technical Coordinator) 604.806.8371 (68371)
Jennifer Bilawka (Technical Coordinator) 604.806.8184 (62738)
Jeffrey Taruc (Weekend) 604.806.8184 (68184)

CONSULTATION SERVICE:

A Medical Microbiologist is available at all times for consultation on any aspect of clinical microbiology (prevention, diagnosis, treatment, infection control issues).

For emergency consultations after hours, please contact the Medical Microbiologist on-call through the hospital switchboard.

AFTER HOUR ON-CALL SERVICES:

A Microbiology Technologist is on-call from 2300 - 0700 hours Monday – Friday, and 1600 - 0800 hours weekends and statutory holidays for the following procedures:

- CSF examination when the white cell count is ≥ 5 and the ordering physician has requested a smear interpretation
- Endophthalmitis diagnosis
- Lung Biopsy processing
- Other procedures, including smear interpretation of a STAT specimen when approved in advance by a Medical Microbiologist (e.g. STAT AFB smear, necrotizing fasciitis)

LAB RESULTS REPORTING:

Lab results may be viewed by facilities linked to the PHC Laboratory Information System (LIS).

STAT results, critical and urgent positive results are called directly to the wards and/or ordering physician (Refer to "Reporting of Critical and Urgent Results").

STAT REQUESTS

BLOOD CULTURES:

- Phone STAT collection requests to Laboratory Accessioning - Local 62741.

GRAM STAINS:

- Deliver specimens to Microbiology before 2230 hours Monday - Friday or before 1530 hours weekends and statutory holidays
- Phone requests for STAT Gram stains on specimens already submitted to local 68184
- After hours - Telephone or deliver the specimen to the Laboratory Accessioning area - Second floor Providence Wing, Blood Work Dispatching, Local 62741
- On request, Gram stains will be prepared on sputum specimens from ICU or Emergency for interpretation by the house staff

NOTE: Due to the poor sensitivity of performing an acid-fast stain on unconcentrated respiratory specimens, STAT requests for AFB smears are no longer processed on a routine basis. Exceptional requests for STAT AFB stains will be considered only after consultation with the Medical Microbiologist.

CULTURE REQUESTS

The Microbiology Laboratory strives to culture all routine specimens received during regular operating hours on the day of receipt. Routine specimens arriving near to closing time will be processed as early as possible the following day. The following specimens will be cultured upon receipt in the laboratory 24 hours per day:

Evening/night staff cultures the following specimens:

- CSF
- Joint fluid
- Pleural and pericardial fluid

Evening/night staff upon direct request, will culture the following specimens:

- Newborns - all specimens
- Fluids - dialysates, peritoneal fluids etc.
- Any specimens from the operating room or collected by a surgical procedure
- Sputum specimens from Emergency only

The Medical Microbiologist must approve all other requests. Smears on the above specimens are routinely made. They will be Gram stained for reading by the house staff *on request*.

TELEPHONE INQUIRIES

LM Labs Call Centre 1.877.747.2522

When telephoning the laboratory for patient results, please give the following information:

- Your full name and authority to access results
- Patient's name and birth date
- Patient's chart number or PHN
- Site or source of the culture (e.g. right leg wound, pleural fluid) or the test ordered
- Date the specimen was taken

SPECIMEN DROP OFF

Specimens may be brought down to the Laboratory and dropped off either in the hall refrigerator, or placed in the microbiology box in the Laboratory accessioning area. (For urgent deliveries to the Laboratory, page the stores porter.)

STAT specimens, cerebrospinal fluids or specimens for anaerobes should be brought directly to the Laboratory and handed to a technologist.

REFERRED-OUT SPECIMENS

The following tests are referred to the British Columbia Centre for Disease Control Laboratory Services (BCCDC — commonly known as Public Health Microbiology Reference Laboratory) Monday – Friday except statutory holidays:

- Parasitology (i.e. ova & parasites)
- Non Viral Serology (i.e., serology for bacterial, fungal and parasitic diseases)
- Stool for mycobacteria (AFB/MAC/MAI)

Collect these specimens in a separate container **and** complete the designated requisition. A requisition is required even when entering orders electronically through Sunrise Clinical Manager. Instructions for specimen collection are on the reverse side of the requisition. BCCDC performs the test and reports the results. The contact phone number for results is **1.877.747.2522 (LM Labs Call Centre)**

The PHC Virology Laboratory (6th floor Burrard) performs the following tests and reports the results. Refer to Virology Services manual for a complete list of available tests. Refer to Sunrise Clinical Manager for order entry instructions.

Various other tests may be referred out to other reference laboratories as appropriate.

FOOD POISONING AND OTHER OUTBREAK INVESTIGATIONS

1. For cases of suspected botulism or other outbreak:
 - Contact the PHC on call Medical Microbiologist through the hospital switchboard.
 - For botulism, if unable to contact the PHC Medical Microbiologist, contact the BCCDC Medical Microbiologist through the 24-hour answering service at 604.661.7033. Leave your name, telephone number and a brief message.
2. Notify Vancouver Coastal Health Communicable Disease Control at **604.675.3900** during regular office hours (0830 - 1630 hours). After hours page public health **604.527.4893**.
3. Collect specimens as soon as possible after the food poisoning incident. Complete the appropriate form(s). The forms are included in the kit (after hours via local 62756)
4. Refer to the alphabetical listing under *Botulism Investigation* and/or *Food Poisoning* for specimen collection information. Special collection kits are available from the Microbiology Laboratory.

SUMMARY OF TEST PROCEDURES

| | DIRECT GRAM STAIN | AEROBIC CULTURE | ANAEROBIC CULTURE | GC CULTURE | LEGIONELLA EXAM | PNEUMOCYSTIS EXAM | CRYPTOCOCCAL ANTIGEN | AFB STAIN | T.B. CULTURE | FUNGUS/YEAST CULTURE | COLONY COUNT | ENTERIC PATHOGENS (1) | C. DIFFICILE TOXIN NAT | Chlamydia / GC NAT |
|------------------------------|-------------------|-----------------|-------------------|------------|-----------------|-------------------|----------------------|-----------|--------------|----------------------|--------------|-----------------------|------------------------|--------------------|
| BIOPSY (Tissues, FNA) | R | R | R | | S | | | R | R | R | | | | |
| BLOOD CULTURE | N | R | R | | | | | | S | | | | | |
| BODY FLUIDS | R | R | R | | | | | S | S | S | | | | |
| BONE MARROW | N | R | R | | | | | S | R | R | | | | |
| BRONCHOSCOPY | R | R | R | | S | S | | S | S | S | | | | |
| CSF | R | R | | | | | S | S | S | S | | | | |
| EAR | R | R | R | | | | | | | R | | | | |
| EYE | R | R | | R* | | | | | | | | | | S |
| GENITAL | R | R | | R | | | | | | | | | | R |
| MOUTH | R | R | | | | | | | | | | | | |
| NOSE | | R | | | | | | | | | | | | |
| RECTAL | | | | R | | | | | | | | | | S |
| SPUTUM | R | R | N | | | | | S | S | S | | | | |
| SYNOVIAL FLUID | R | R | R | R | | | | | | | | | | |
| STOOL | | | | | | | | S | | | | R | S | |
| THROAT | N | R | | S | | | | | | | | | | |
| URINE | R** | R | | | | | | | | | R | | | R |
| WOUND (Swabs & aspirates) | R | R | R | | | | | | | | | | | |

Key:

R = Routinely done
 N = Not available
 S = Requires a special request

R* = Routinely done on specimens from neonates

R** = Done on surgically collected specimens and specimens with significant growth

(1) Enteric pathogens: *Aeromonas*, *Campylobacter*, *E. coli* O157, *Salmonella*, *Shigella*, *Yersinia*

SPECIMEN HANDLING, TRANSPORT & STORAGE

Proper specimen collection, handling, storage and transport are *essential* for optimal microbiology testing. If in doubt about the collection or handling of any specimen, please contact Microbiology, local 68184..

If specimens are being submitted on a C&S swab, please collect material on both the swabs provided in the collection package and follow the instructions on the package. In most cases it is preferred if tissue and/or fluids rather than a swab are submitted as these are optimal specimens.

Be specific in the identity of the specimen, site or source. Indicate special test requests and provide the laboratory with accurate and complete clinical information to assist with proper processing.

Do **NOT** refrigerate the following specimens:

Deliver to Microbiology as soon as possible after collection. Leave specimens on the counter in the specimen accession area **EXCEPT** for blood cultures and cerebrospinal fluid (see below for special instructions).

1. Blood cultures
 - BacT/Alert® bottles - **place in 35°C incubator** (or keep at room temperature)
 - Isolator® (lysis centrifugation) - during regular hours, hand to a technologist. Outside regular hours, bring down to Microbiology and **leave at room temperature**
2. Cerebrospinal fluid - **hand directly to a technologist**
3. Culture for anaerobes
4. Joint - synovial fluid
5. Specimens for *Neisseria gonorrhoeae* ("GC") - leave at room temperature
6. Specimens for *Trichomonas*
7. Swabs in transport media

DO refrigerate the following specimens:

1. ALL urine specimens
2. Body fluids that may be contaminated with faecal flora
3. Dialysates
4. Pleural fluid
5. Blood/Serum for serology testing
6. All specimens being transported to the Provincial Laboratory
7. Virology specimens taken after hours
8. Catheter tips
9. Stool for culture or toxin assay
10. Sputum specimens

A specimen refrigerator is located in the hallway outside the Laboratory for after hours specimen drop off. (Refer to alphabetical listing of anatomical sites, sources and requests for detailed instructions.)

MICROBIOLOGY TURNAROUND TIME

CULTURE & SENSITIVITY:

In all cases, we strive to report results as quickly as possible. The majority of Microbiology tests, however, require at least overnight incubation before a result will be available. Occasionally, it may take several days to identify an organism and/or report a susceptibility result.

Most **cultures** take 24 - 48 hours to several days depending on the number and type of bacteria grown. Interim reports are sent after 1 day incubation whenever possible. Length of incubation for cultures varies depending on the type of specimen.

Sensitivity Tests - take 48 hours to several days. Testing is not usually done on organisms that constitute the normal flora of the site cultured.

A final report is sent on negative cultures or cultures with non-significant growth, after the full incubation period for that specimen. Interim reports are sent on all specimens submitted for culture.

Final reports are sent on positive cultures once all the work on the isolate(s) is completed. Refer to the "Summary of Test Procedures" for a list of the tests routinely performed on specimens.

Blood Cultures:

Routinely incubated for 7 days. Cultures are continuously monitored and growth is reported by phone as soon as it is detected. Interim reports are sent on all negative culture after 2 days incubation. Another report is sent immediately, if a culture becomes positive.

Cultures for *Brucella* species and fungus are incubated for a further 2 weeks. Interim reports on negative cultures are sent after 2 days and 7 days of incubation. Growth is reported and another report sent immediately, if a culture becomes positive.

Cultures for mycobacteria are incubated for 6 weeks. Growth is reported **as soon as it is detected**

Cerebrospinal Fluid:

Routinely incubated for 7 days. A Gram smear report is phoned within approximately 45 minutes of receipt of the specimen. Cultures are checked daily and growth is reported by phone as soon as it is detected. Interim reports on negative cultures are sent after 1 day of incubation.

The Cryptococcal Latex Agglutination test, which is more sensitive than the India ink preparation, is available during regular hours. This test takes approximately 1 hour and 15 minutes to perform.

Gram smears (STAT):

20-25 minutes. Fluid specimens that require centrifugation to concentrate the specimen prior to making the smear require 25-45 minutes.

Pneumocystis (carinii) jiroveci:

Test requires approximately 1 hour and 45 minutes.

C. difficile Toxin NAT Assay:

C. difficile toxin results are reported when the test is completed. (Usually within 24 hours of receipt.)

Stool Culture For Enteric Pathogens:

Aeromonas, *Campylobacter*, *E. coli* O157:H7, *Salmonella* and *Shigella* - negative results are reported 2 days after incubation.

Yersinia - An interim negative result is reported 2 days after incubation. Culture is incubated for a further 10 days. Positive cultures are reported as soon as they are confirmed.

Chlamydia / GC NAT Assay:

Results are reported when the test is completed. (Usually within 24 hours of receipt.)

Urine Cultures:

Negative cultures and cultures with non-significant growth are reported after 1 day of incubation. For cultures with significant growth, an interim report is sent after 1 day of incubation. Identity and sensitivity of isolate(s) usually follow by the next day.

Mycobacteria (AFB/TB):

AFB/TB stain on concentrate: Specimens received before 0900 hours Monday — Saturday, reported within 6 hours. Positive smear results are phoned.

Smear positive specimens from respiratory secretions (e.g., bronchoscopy specimens, expectorated and induced sputum specimens) will have RNA amplification for *M. tuberculosis* performed the following day. The test takes approximately 6 hours.

Note: RNA amplification is not available on weekends or statutory holidays nor will it be performed on smear negative specimens unless cleared by the Medical Microbiologist.

Molecular testing on non-respiratory specimens requires special approval by the Medical Microbiologist.

Cultures are incubated for 8 weeks. Growth is reported as soon as it is detected and probed for *M. avium/intracellulare* and/or *M. tuberculosis* within 24 hours of detection.

Additional comments:

If you have any questions about a particular culture, please contact us.

INTERPRETATION AND GRADING OF SMEARS & CULTURES

Organisms isolated from blood or stools are not graded. The following is used to grade the number of organisms on Gram stains and culture plates.

| | |
|-----------------|--|
| Occasional | - few |
| +1 | - light |
| +2 | - moderate |
| +3 | - heavy |
| From broth only | - organism was isolated from a broth culture only. |

Urines - Organisms are graded as the number present/Litre of specimen e.g. 60×10^6 CFU/L Coliforms (CFU = colony forming units) or 60,000 colony forming units/mL of urine

I.V. Catheter tips - the number of colonies isolated are counted. Growth greater than 15 colonies is reported as >15 colonies.

REPORTING OF CRITICAL AND URGENT RESULTS

The following results are reported to the ward and/or clinician as soon as they are verified. A hard copy of the report is also sent to the ward printer.

- Any smear or result requested STAT
- Any smear from a sterile site in which organisms are seen*
- Growth from a sterile site (blood, cerebrospinal fluid, joint, pleural or pericardial fluid)
- Positive acid-fast smear*
- Positive acid-fast culture*
- *Pneumocystis (carinii) jiroveci* stain results
- Positive CSF including smear*, culture, cryptococcal antigen*, India Ink
- Positive blood culture (smear and/or culture)*
- Positive group B Streptococcal antigens on babies
- Methicillin resistant *Staphylococcus aureus**
- Vancomycin resistant *Enterococcus**
- Carbapenemase producing organism*
- Enteric pathogens*
- Any result considered significant by Microbiology or requested to be phoned/sent by the ward or clinician

* May also be reported to PHC Infection Prevention and Control and/or the Vancouver Coastal Health Communicable Disease Control as required by Provincial law. (Refer to the list of Reportable Communicable Diseases in BC on the following pages or view the list at www.bccdc.org.)

SPECIMEN REJECTION CRITERIA

All specimens must be collected, labelled, stored and transported according to procedure. If the appropriate criteria are not met, the specimen may be rejected or the test cancelled. The following represent some reasons for specimen rejection or test cancellation:

- Delay between specimen collection and arrival in the laboratory
- Improper specimen storage
- Inappropriate or unsuitable specimen type for the test requested
- Insufficient volume for analysis
- Improper or damaged/leaking container
- No specimen source provided
- Specimens for culture submitted in any preservative (e.g. formalin)
- Specimens sent in incorrect or expired transport media
- Specimens without an accompanying electronic test request or a requisition
- Unlabelled/mislabelled or improperly labelled specimens
- Duplicate specimens received within a defined time period

Note: If the unsuitable specimen is “irreplaceable” (e.g. CSF, O.R. specimen), every attempt will be made to contact the physician and/or nurse who collected the specimen or were present during the procedure. They will be asked to come to the Laboratory to verify the identification for the specimen and this will be recorded on the report.

LIST OF REPORTABLE COMMUNICABLE DISEASES IN BC (January 2018)
Schedule A: Reportable by all sources, including Laboratories

| | |
|---|--|
| <p>Acquired Immune Deficiency Syndrome Anthrax Botulism Brucellosis Chancroid Cholera Congenital Infections: Toxoplasmosis Rubella Cytomegalovirus Herpes Simplex Varicella-Zoster Hepatitis B Virus Listeriosis and any other congenital infection Creutzfeldt-Jacob Disease Cryptococcal infection Cryptosporidiosis Cydospora infection Diffuse Lamellar Keratitis Diphtheria: Cases Carriers Encephalitis: Post-infectious Subacute sclerosing panencephalitis Vaccine-related Viral Foodborne illness: All causes Gastroenteritis epidemic: Bacterial Parasitic Viral Genital Chlamydia Infection Giardiasis Gonorrhea – all sites Group A Streptococcal Disease, Invasive <i>Haemophilus influenzae</i> Disease: All Invasive, by Type Hantavirus Pulmonary Syndrome Hemorrhagic Viral Fevers</p> | <p>Hemolytic Uremic Syndrome (HUS) Hepatitis Viral: Hepatitis A, B,C,E Other Viral Hepatitis Human Immunodeficiency Virus Infection Leprosy Lyme Disease Measles Meningitis: All causes (i) Bacterial: Haemophilus Pneumococcal Other (ii) Viral Meningococcal Disease: All Invasive Including “Primary Meningococcal Pneumonia” and “Primary Meningococcal Conjunctivitis” Mumps Neonatal Group B Streptococcal Infection Paralytic Shellfish Poisoning (PSP) Pertussis (Whooping Cough) Plague Poliomyelitis Rabies Reye Syndrome Rubella Severe Acute Respiratory Syndrome (SARS) Smallpox <i>Streptococcus pneumoniae</i> Infection, Invasive Syphilis Tetanus Transfusion Transmitted Infection Tuberculosis Tularemia Typhoid Fever and Paratyphoid Fever Waterborne Illness All causes West Nile Virus Infection Yellow Fever</p> |
|---|--|

LIST OF REPORTABLE COMMUNICABLE DISEASES IN BC (January 2018)
Schedule B: Reportable by Laboratories only

| | |
|--|---|
| <p>All specific bacterial and viral stool pathogens:</p> <p>(i) Bacterial:</p> <p style="padding-left: 20px;"><i>Campylobacter</i></p> <p style="padding-left: 20px;"><i>Salmonella</i></p> <p style="padding-left: 20px;"><i>Shigella</i></p> <p style="padding-left: 20px;"><i>Yersinia</i></p> <p>(ii) Viral</p> <p>Amoebiasis</p> <p><i>Borrelia burgdorferi</i> infection</p> <p>Cerebrospinal Fluid Micro-organisms</p> <p>Chlamydial Diseases, including Psittacosis</p> <p>Creutzfeldt-Jacob Disease</p> <p>Cryptococcal Infection</p> <p>Herpes Genitalis</p> <p>Human Immunodeficiency Virus Infection</p> <p>Influenza virus, including the H5 and H7 strains</p> | <p>Legionellosis</p> <p>Leptospirosis</p> <p>Listeriosis</p> <p>Malaria</p> <p>Q Fever</p> <p>Rickettsial Diseases</p> <p>Severe Acute Respiratory Syndrome (SARS)</p> <p>Smallpox</p> <p>Tularemia</p> <p>West Nile Virus Infection</p> <p>Source: British Columbia Centre for Disease Control</p> |
|--|---|

INFORMATION REQUIRED FOR SPECIMEN SUBMISSION

SPECIMEN LABELLING:

All specimens must be clearly labelled with:

- MINIMUM of 2 Patient Identifiers – Full name, PHN, MRN, DOB
- Source of specimen (include a brief description if applicable, e.g., upper/lower, left/right etc.)
- Date and time of collection
- **Unlabelled specimens will not be processed.**

Note: Please do not obscure the container contents with the specimen identification label.

SUNRISE CLINICAL MANAGER:

Specimen information may be submitted through Sunrise Clinical Manager. Please provide all requested information so that the specimen can be properly processed. Electronic test ordering, where available, should be the primary means of submitting laboratory requests within PHC.

ADD-ON TESTS:

Follow the SCM procedure or handwrite the appropriate requisition to request additional tests on an already submitted specimen. (Refer to the index of tests to determine which requisition to use.) Give specimen details (specimen type, date & time of collection).

COMPLETION OF REQUISITIONS:

If the patient identification stamp is used, it **must** be stamped in the correct area of the requisition and be **legible**. The requisition must also be filled out completely and correctly.

The following information is required on **all** requisitions:

- Patient's full name and birth date
- Patient's chart number (in-patient locations)
- Patient's PHN number (out-patient locations)
- Ward or location
- Doctor's full name (or Doctor's surname and at least two initials). Because there are several doctors with the same name, inclusion of a billing number will ensure that patient reports are delivered to the correct doctor.
- Test to be performed including any special requests.
- Source of specimen (except blood)
- Date and time of collection. Time of refrigeration also required for urine C & S requests.)
- Clinical diagnosis

The following information is strongly encouraged:

- Information on antimicrobial therapy (required for C & S)
- Information on other drugs if it may interfere with the test requested.

Note: The BCCDC (Provincial Laboratory) require that the patient's birth date be included on all requisitions and that a patient history be included when requested. The Laboratory may refuse to process specimens submitted without complete information.


REMINDER: BCCDC will **not** divide specimens. Submit a separate specimen and the appropriate requisition for each request whenever possible. (See Sample requisitions)

IMPORTANT - Ensure that the name on the specimen and accompanying requisition match. If there is any mismatch, the submitter of the specimen will be asked to come down to the Laboratory to identify the specimen.

EXAMPLES OF REQUISITIONS

Microbiology requisition (for in-house testing. Order form LA 086 from printing.)

- Gram stains are preformed when appropriate (See Summary of Test Procedures)
- Use this requisition for ordering mycobacteria (AFB/MAI/TB), fungus and other microbiology investigations that are performed at Providence Health Care Microbiology.
- If the test you want is not listed, a different requisition may be required.

| | | | |
|---|--|--|--|
|  | | Patient Identification Label Ordering physician: _____ Copy to: _____ | |
| <input type="checkbox"/> Holy Family Hospital <input type="checkbox"/> Mount Saint Joseph Hospital <input type="checkbox"/> St. Paul's Hospital <input type="checkbox"/> Youville Residence | | St. Vincent's Hospitals <input type="checkbox"/> Brook Fahmi <input type="checkbox"/> Langara | |
| LABORATORY REQUISITION MICROBIOLOGY Telephone Inquiries: 604-806-8810 | | | |
| • Refer to the on-line "Microbiology Policies and Manuals" for information on specimen ordering, collection, storage and transport. • Specimen <i>must</i> be labelled with the patient's name and the specimen site/source. • Indicate pertinent clinical details, special requests, etc., in the area provided. | | | |
| Diagnosis: _____ Antibiotics (specify): _____ | | | |
| SPECIMEN TYPE <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Faeces <input type="checkbox"/> Fluid specify _____ Genital: <input type="checkbox"/> Specify source _____ Respiratory: <input type="checkbox"/> Sputum <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Throat Tissue/biopsy: <input type="checkbox"/> Specify source _____ Urine: <input type="checkbox"/> Midstream <input type="checkbox"/> Foley <input type="checkbox"/> Other (specify) _____ Wound/Aspirate: <input type="checkbox"/> Specify source _____ Other: <input type="checkbox"/> Specify source _____ | | TESTING REQUESTED <input type="checkbox"/> C&S (culture and sensitivities) <input type="checkbox"/> Gram stain <input type="checkbox"/> Cryptococcal antigen <input type="checkbox"/> C. difficile toxin (faeces only) <input type="checkbox"/> Group B streptococci <input type="checkbox"/> GC (<i>N. gonorrhoeae</i>) <input type="checkbox"/> Mycobacteriology (AFB, TB, MAC) <input type="checkbox"/> Mycology (fungus) <input type="checkbox"/> MRSA screen (nares, perineum, open wound) <input type="checkbox"/> VRE screen (rectum) <input type="checkbox"/> Other (specify) _____ Special request(s)/other information: Refrigerator time: _____ Collected by: _____ | |
| <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> SAMPLE ONLY DO NOT USE </div> | | | |
| Form No. PHC-LA086 (R. Jan-05) | | | |

REFERRED OUT TESTS:

- Collection instructions are on the reverse of the requisition
- Testing is referred to the British Columbia Centre for Disease Control (Provincial Laboratory)
- Print requisitions from <http://www.bccdc.ca/PHSALaboratories/LaboratoryTestsandRequisitionForms/diagnostictesting.htm>

Serology Screening

SER SER

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

Serology Screening Requisition

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Section 1 - Patient Information and Physician Information

| | | | |
|---|---|-------------------------------|---|
| PERSONAL HEALTH NUMBER (or out-of-province Health Number and province) | DATE COLLECTED (DD/MM/YYYY) | TIME COLLECTED (HH:MM) | ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery |
| PATIENT SURNAME | PATIENT FIRST AND MIDDLE NAME | | <input type="checkbox"/> I do not require a copy of the report |
| DOB (DD/MM/YYYY) | GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK | | |
| ADDRESS | | | ADDITIONAL COPIES TO: (Address / MSC#) 1. 2. |
| CITY / TOWN | | POSTAL CODE | |
| SAMPLE REFERENCE | | | |

SAMPLE ONLY
DO NOT USE

Section 2 - Clinical

| | | |
|--|--|---|
| Clinical Information | | PHYSICIAN |
| <input type="checkbox"/> Asymptomatic | <input type="checkbox"/> Rash symptoms | <input type="checkbox"/> Sick |
| <input type="checkbox"/> Headache / Stiff neck | <input type="checkbox"/> STD contact | <input type="checkbox"/> Convalescent |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Outbreak/Cluster/Event |
| <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> STD symptoms | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Prenatal | <input type="checkbox"/> Follow-up | |
| Recent Travel (Date/Location) | Onset Date DD/MM/YYYY | History |

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------------|--------------|--|--|---|---|--|--|--|--|---------------------------------------|---------------------------------------|--|--|---|--|--|--|---|--|
| <p>PRENATAL SCREENING</p> <p>HIV Nominal Reporting <input type="checkbox"/> HIV</p> <p>HIV Non-Nominal Reporting <input type="checkbox"/> HIV</p> <p>HBsAg <input type="checkbox"/> HBVP</p> <p>Rubella IgG <input type="checkbox"/> RUBIG</p> <p>Syphilis Screen <input type="checkbox"/> TPS</p> <p>Other Tests, specify: _____</p> <p>EDC: _____</p> <p>Hospital of Delivery: _____</p> <p>SYPHILIS (Non Prenatal)</p> <p>Syphilis Screen <input type="checkbox"/> TPS</p> <p>Syphilis Confirmatory <input type="checkbox"/> TPSC</p> <p>History (Required for confirmatory testing):</p> <p>HIV (Non Prenatal) Note: Patient has legal right to choose nominal or non-nominal reporting of Post-tive HIV to MHO</p> <p>HIV Nominal Reporting <input type="checkbox"/> HIV</p> <p>HIV Non-Nominal Reporting <input type="checkbox"/> HIV</p> | <p>HEPATITIS</p> <p>Acute - undefined etiology</p> <p>HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM <input type="checkbox"/> HEP5</p> <p>Chronic - undefined etiology</p> <p>HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV <input type="checkbox"/> HEPCH <input type="checkbox"/> HBVSAG</p> <p>Hepatitis B Screen</p> <p>HBsAg, Anti-HBs, Anti-HBc Total <input type="checkbox"/> HBVSAG</p> <p>Specific Hepatitis Markers</p> <p>Anti-hepatitis A Total (Immune Status) <input type="checkbox"/> HAVT</p> <p>Anti-hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAVIM</p> <p>Anti-HBs (Immune Status) <input type="checkbox"/> HBVSAB</p> <p>Anti-HBc Total (Natural Infection) <input type="checkbox"/> HBCT</p> <p>Anti-HBc IgM (Acute Infection) <input type="checkbox"/> HBCIM</p> <p>HBsAg (Therapeutic Monitoring) <input type="checkbox"/> HBEAAG</p> <p>Anti-HBe (Therapeutic Monitoring) <input type="checkbox"/> HBEAAB</p> <p>Anti-HCV <input type="checkbox"/> HEP5</p> | <p>OTHER SEROLOGY</p> <table border="0"> <tr> <td style="text-align: center;">Immunity</td> <td style="text-align: center;">Acute</td> </tr> <tr> <td>Measles IgG (Rubeola) <input type="checkbox"/> MIG</td> <td>Measles IgM (Rubeola) <input type="checkbox"/> MIM</td> </tr> <tr> <td>Mumps IgG <input type="checkbox"/> MUIG</td> <td>Mumps IgM <input type="checkbox"/> MUIM</td> </tr> <tr> <td>Parvo B19 IgG <input type="checkbox"/> PARVG</td> <td>Parvo B19 IgM <input type="checkbox"/> PARVM</td> </tr> <tr> <td>Rubella IgG <input type="checkbox"/> RUBIG</td> <td>Rubella IgM <input type="checkbox"/> RUBIM</td> </tr> <tr> <td>EBV IgG <input type="checkbox"/> EBGS</td> <td>EBV IgM <input type="checkbox"/> EBMS</td> </tr> <tr> <td>CMV IgG <input type="checkbox"/> CMVIG</td> <td>CMV IgM <input type="checkbox"/> CMVIM</td> </tr> <tr> <td>Varicella IgG <input type="checkbox"/> VZIG</td> <td>HTLV I / II <input type="checkbox"/> AHTLV</td> </tr> <tr> <td>HSV IgG <input type="checkbox"/> HSVIG</td> <td><i>H. pylori</i> IgG <input type="checkbox"/> HPGS</td> </tr> <tr> <td><i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM</td> <td></td> </tr> </table> <p>OTHER TESTS (Specify)</p> <p>COMMENTS</p> <p style="font-size: small;">For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's <i>Guide to Programs and Services</i> at www.phsa.ca/bccdcpublichealthlab</p> | Immunity | Acute | Measles IgG (Rubeola) <input type="checkbox"/> MIG | Measles IgM (Rubeola) <input type="checkbox"/> MIM | Mumps IgG <input type="checkbox"/> MUIG | Mumps IgM <input type="checkbox"/> MUIM | Parvo B19 IgG <input type="checkbox"/> PARVG | Parvo B19 IgM <input type="checkbox"/> PARVM | Rubella IgG <input type="checkbox"/> RUBIG | Rubella IgM <input type="checkbox"/> RUBIM | EBV IgG <input type="checkbox"/> EBGS | EBV IgM <input type="checkbox"/> EBMS | CMV IgG <input type="checkbox"/> CMVIG | CMV IgM <input type="checkbox"/> CMVIM | Varicella IgG <input type="checkbox"/> VZIG | HTLV I / II <input type="checkbox"/> AHTLV | HSV IgG <input type="checkbox"/> HSVIG | <i>H. pylori</i> IgG <input type="checkbox"/> HPGS | <i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM | |
| Immunity | Acute | | | | | | | | | | | | | | | | | | | | | |
| Measles IgG (Rubeola) <input type="checkbox"/> MIG | Measles IgM (Rubeola) <input type="checkbox"/> MIM | | | | | | | | | | | | | | | | | | | | | |
| Mumps IgG <input type="checkbox"/> MUIG | Mumps IgM <input type="checkbox"/> MUIM | | | | | | | | | | | | | | | | | | | | | |
| Parvo B19 IgG <input type="checkbox"/> PARVG | Parvo B19 IgM <input type="checkbox"/> PARVM | | | | | | | | | | | | | | | | | | | | | |
| Rubella IgG <input type="checkbox"/> RUBIG | Rubella IgM <input type="checkbox"/> RUBIM | | | | | | | | | | | | | | | | | | | | | |
| EBV IgG <input type="checkbox"/> EBGS | EBV IgM <input type="checkbox"/> EBMS | | | | | | | | | | | | | | | | | | | | | |
| CMV IgG <input type="checkbox"/> CMVIG | CMV IgM <input type="checkbox"/> CMVIM | | | | | | | | | | | | | | | | | | | | | |
| Varicella IgG <input type="checkbox"/> VZIG | HTLV I / II <input type="checkbox"/> AHTLV | | | | | | | | | | | | | | | | | | | | | |
| HSV IgG <input type="checkbox"/> HSVIG | <i>H. pylori</i> IgG <input type="checkbox"/> HPGS | | | | | | | | | | | | | | | | | | | | | |
| <i>Mycoplasma</i> IgM <input type="checkbox"/> MPIM | | | | | | | | | | | | | | | | | | | | | | |

For information on sample collection, please call the Central Processing & Receiving Lab at 1-877-PHSALAB

Form CPSE_100_1001F Version 1.1 09/2009

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Parasitology

PARA

PARA

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

Parasitology Requisition

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Section 1 - Patient Information

| | | | |
|--|---|---|-----------------------|
| PERSONAL HEALTH NUMBER (or out-of province Health Number and province) | DOB (DD/MM/YYYY) | GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK | DATE RECEIVED |
| PATIENT SURNAME | PATIENT FIRST AND MIDDLE NAME | | LABORATORIES USE ONLY |
| ADDRESS | <div style="border: 1px solid black; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT USE </div> | | |
| ORDERING PHYSICIAN (Print Name and address of report delivery) | | | 1. |
| <input type="checkbox"/> I do not require a copy of the report | 2. | DATE COLLECTED (DD/MM/YYYY) | |
| CLINIC OR HOSPITAL (Name and address of report delivery) | 3. | TIME COLLECTED (HHMM) | |
| PHSA CLIENT NO. | | | |

Section 3 - Test(s) Requested

| OVA & PARASITES | BLOOD & TISSUE PARASITES | PARASITE IDENTIFICATION |
|--|---|--|
| Sample <input type="checkbox"/> Feces <input type="checkbox"/> Urine Signs / Symptoms <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Other _____ Duration: _____ days <input type="checkbox"/> High Risk Setting (see reverse) <input type="checkbox"/> Immigration (specify below) <input type="checkbox"/> Travel within past 12 months, specify below: _____ SPECIAL TESTS *Consultation required (604) 707-2629 <input type="checkbox"/> <i>Strongyloides</i> Concentration / Isolation* <input type="checkbox"/> ELISA (Amoebiasis) <input type="checkbox"/> <i>Schistosoma</i> Hatch Test (Viability)* | Microscopic Examination Request For Malaria <input type="checkbox"/> Diagnosis <input type="checkbox"/> Confirmation <input type="checkbox"/> Other, specify: _____ Referring Lab Test Results For Malaria <input type="checkbox"/> Positive Thin and/or Thick smear <input type="checkbox"/> Negative Thin and/or Thick smear <input type="checkbox"/> Positive dipstick (Rapid Test) <input type="checkbox"/> Negative dipstick (Rapid Test) <input type="checkbox"/> Dipstick (Rapid Test) not done Sample <input type="checkbox"/> Thick & Thin blood smear(s) <input type="checkbox"/> Thick blood smear(s) <input type="checkbox"/> EDTA blood <input type="checkbox"/> Thin blood smear(s) <input type="checkbox"/> Tissue/Biopsy, specify: _____ <input type="checkbox"/> Body fluid, specify: _____ <input type="checkbox"/> Other, specify: _____ Culture For <input type="checkbox"/> <i>Acanthamoeba</i> species <input type="checkbox"/> <i>Leishmania</i> species <input type="checkbox"/> Other, specify: _____ Signs / Symptoms <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Skin lesion <input type="checkbox"/> Eye <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Immigration, specify below <input type="checkbox"/> Travel within past 12 months, specify below: _____ | Sample <input type="checkbox"/> Worm <input type="checkbox"/> Proglottid <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Tick Sources Of Tick <input type="checkbox"/> Human <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other, specify: _____ Name of Pet / Owner (IF NOT noted as the patient above) _____ Signs / Symptoms <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Rash (type) _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Travel within past 12 months, specify below: _____ |

For information on sample collection, please call Parasitology Lab at (604) 707-2629

Form DCPA_100_1001F Version 1.0 09/2009

PARA

PARA

SPECIMEN CONTAINERS

| CONTAINER | DESCRIPTION | USAGE | AVAILABLE FROM |
|--|---|--|--|
| BONE MARROW KIT | Plastic bag containing C&S container, blood culture media, petri dish, requisitions and collection instructions | Bone marrow aspirate and biopsy | Microbiology |
| BORDETELLA COLLECTION KIT | Kit containing one dacron swab, a vial with Amies charcoal media, glass slides, requisition and instructions | <i>Bordetella pertussis</i> PCR test and culture | Microbiology |
| BLOOD CULTURE BOTTLES | <ul style="list-style-type: none"> ◇ BacT/Alert® - FA Plus aerobic and FN Plus anaerobic ◇ BacT/Alert® -PF Plus (paediatric) aerobic ◇ BD BACTEC™ Myco/F Lytic ◇ Wampole Isolator® tube | <ul style="list-style-type: none"> ◇ Blood cultures ◇ Blood cultures including fungi ◇ Paediatric blood cultures ◇ Blood and bone marrow cultures for Mycobacteria ◇ Blood cultures for fungi and <i>Bartonella</i> | <p>Available from the central warehouse or stores top up</p> <p>Available from Laboratory Accessioning or Microbiology</p> |
| C&S CONTAINER | Plain, sterile screw cap plastic container | Most specimens for culture. [Fluids, sputum, tissues, stool, urine etc.] | Central warehouse or stores top up |
| C&S SWAB | See swab | | |
| CHLAMYDIA NAT COLLECTION KIT | Package containing two swabs, a white cap tube and collection instructions | Genital specimens for <i>Chlamydia</i> / GC NAT | Laboratory Accessioning |
| CORNEAL SCRAPING KIT | Kit with culture tubes and petri dishes containing various media, glass slides, requisition and collection instructions | Corneal scrapings | Microbiology |
| DARK FIELD KIT (Syphilis examination) | Provincial Laboratory DF kit containing capillary tubes, sealer, glass slides, requisition and instructions | Microscopic examination for syphilis | Microbiology |
| ENTERIC PATHOGEN TRANSPORT | Capped plastic vial with scoop | Submission of stool for food poisoning investigation Submission of out patient stool for C&S | Laboratory |

SPECIMEN CONTAINERS

| CONTAINER | DESCRIPTION | USAGE | AVAILABLE FROM |
|--|---|--|------------------------------------|
| FOOD POISONING INVESTIGATION KIT | Kit containing screw-cap glass jar with requisitions, instructions and collection recommendations | Food poisoning investigation or outbreak | Microbiology |
| GLASS SLIDES | Glass microscope slides (in plastic holder) | Bedside smears | Microbiology |
| GONORRHEA (GC) NAT COLLECTION KIT | Package containing two swabs, a white cap tube and collection instructions | Genital specimens for <i>Chlamydia</i> /GC NAT | Laboratory Accessioning |
| LUNG BIOPSY KIT | Plastic bag holding a sterile C&S container with formalin, anaerobic transporter, requisitions and collection instructions. | Lung biopsies | Microbiology |
| MSU KIT | Midstream urine collection kit with collection jar, funnel, wipes, labels and instructions | Midstream urine collection | Stores top up |
| PINWORM COLLECTION KIT | Sticky paddle pinworm collector and requisition | Pinworm investigation | Microbiology |
| RED TOP TUBE (Serology tube) | 7mL plain sterile Vacutainer® red top tube | Serological tests other than cryptococcal antigen | Laboratory Accessioning |
| SCABIES COLLECTION KIT | Kit containing glass microscope slides (in plastic holder), scalpel, mineral oil and specimen collection instructions | Submission of skin scrapings for scabies investigation | PHC Microbiology or MSJ Laboratory |
| STOOL O & P | Capped plastic vial with scoop, containing SAF fixative | Submission of stool for Ova and Parasite investigation | Stores top up |
| SWAB (C&S swab) | 2 cotton tipped swabs with plastic transporter containing Amies clear gel media, in a see through package | Routine cultures of all kinds. (Nose, throat, eye, ear, wounds, etc.) | Stores top up |
| SWAB (C&S Thin wire swab) | 1 mini-tipped wire shaft swab with plastic transporter containing Amies clear gel media, in a see through package | Urethral specimens for GC (males) Nasopharyngeal, ear & eye specimens | Microbiology |
| SWAB (Viral) | Virology swab and transport vial | Viral NAT | Laboratory Accessioning |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

Wards with access to Sunrise Clinical Manager may submit specimen information electronically. Note: A requisition is required for some tests

| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|--|----------------------------------|--|---|
| ABSCESS CULTURE | C&S container or C&S swab | Microbiology | Include PUS along with a portion of the wall of the abscess. If profuse, use the C&S container. If a capped syringe is submitted, the needle must be removed prior to transport. |
| ACANTHAMOEBA | Specially prepared plates | BCCDC Parasitology | Contact the Microbiology Department for instructions prior to collecting the culture. 48 hours notice is required for the preparation of the plates (The test is referred out.) |
| ACTINOMYCES | C&S container or C&S swab | Microbiology | See ANAEROBES |
| AFB STAIN (ACID-FAST BACILLI, T.B. STAIN) | C&S container | Microbiology | STAT AFB requests are not offered on a routine basis and will only be considered after consultation with the Medical Microbiologist. Smears on concentrated specimens are processed Monday-Saturday (except statutory holidays) at approximately 0900 hours. See also TB CULTURE |
| AEROMONAS | | | See STOOL CULTURE |
| AIDS SEROLOGY | | | See VIROLOGY services |
| AMOEBAE EXAMINATION | C&S container Stool O & P | Microbiology BCCDC Parasitology | Specimen must be freshly passed and rushed to microbiology while still warm. DO NOT REFRIGERATE. Also submit a separate specimen in SAF fixative. See PARASITES. |
| AMIKACIN LEVEL | | | See BIOCHEMISTRY services |
| ANAEROBES | C&S container or C7S swab | Microbiology | If the specimen is profuse, use the C&S container. If a capped syringe is submitted, the needle must be removed prior to transport. See also ABSCESS CULTURE or WOUND CULTURE |
| ANTIBIOTIC LEVELS | Red Top tube Red Top Tube | Therapeutic drug level Microbiology | Use this requisition for the following requests: AMIKACIN, GENTAMICIN, TOBRAMYCIN and VANCOMYCIN. Refer to the BIOCHEMISTRY services or contact Laboratory Accessioning (Local 62741) for collection. Contact Microbiology for all other requests. Consult with the Medical Microbiologist before ordering the test. Include the following information with all requests: a) All antibiotic therapy for the last 48 hours. a) The time of the last dose of the antibiotic to be measured. a) Anything that could affect antibiotic level e.g. The patient has liver disease, renal failure or is on dialysis. For PRE-DOSE (Trough Level) collect blood 5-10 minutes before the antibiotic is administered. For POST-DOSE (Peak Level): a) I.M.: collect 1 hour after dose a) Oral: collect 2 hours after dose a) I.V.: collect 30 minutes after dose See also SERUM CIDAL LEVELS |
| ARTHROPOD ID (Lice, Mites, Ticks, etc) | C&S container | BCCDC Parasitology | Submit in a clean dry container or, if dead, in 70% alcohol. If submitting a live tick, include a dampened cotton ball in the container to keep moist. State travel history or other pertinent information. Live ticks are required for <i>Borellia</i> culture. |
| ASCITIC FLUID | | | See BODY FLUIDS |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

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| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|--|---|---|
| <p><i>Blood cultures continued</i></p> <ul style="list-style-type: none"> CMV PCR (Buffy coat or CMV Antigenemia) Fungi Mycobacteria, (T.B, AFB, Atypical, Mycobacteria, M.avium, MAI) STAT request Timed request | <p>BacT/Alert® aerobic FA Plus vial or Wampole Isolator® tube</p> <p>BD BACTECT™ Myco/F Lytic bottle</p> <p>BacT/Aert ® FA Plus aerobic & FN Plus anaerobic culture vials</p> <p>BacT/Aert ® FA Plus aerobic & FN Plus anaerobic culture vials</p> | <p>Virology</p> <p>Microbiology</p> <p>Microbiology</p> <p>Microbiology</p> <p>Microbiology</p> | <p>See VIROLOGY services</p> <p>Please indicate a special request for fungi Only one lysis centrifugation culture (Isolator® tube) will be processed. See also LYSIS CENTRIFUGATION</p> <p>Up to 2 cultures may be submitted</p> <p>The physician must specify how many blood cultures are to be drawn. Unless otherwise specified, the phlebotomist will draw 2 cultures from separate venipuncture sites during one visit. Each culture consists of an aerobic and anaerobic culture</p> <p>The physician must specify how many blood cultures are to be drawn. Typical orders are "blood culture x2" or "blood culture x 3".</p> <ul style="list-style-type: none"> Two cultures are recommended 3 cultures are acceptable. More than 3 cultures in a 24-hour period require approval by the Medical Microbiologist. <p>Each culture consists of an aerobic and an anaerobic culture.</p> |
| <p>BODY FLUIDS CULTURE (NOT CSF)-</p> <ul style="list-style-type: none"> Fungi Routine culture Mycobacteria, (T.B, AFB, Atypical, Mycobacteria, M.avium, MAI) | <p>C&S container</p> <p>See instruction/ Other Information</p> <p>C&S container</p> | <p>Microbiology</p> <p>Microbiology</p> <p>Microbiology</p> | <p>Do not submit citrated specimens for culture. Submit as large a volume as possible in a C&S container or in a capped syringe (without the needle) if this has been used for collection. If the specimen is likely to form a clot, inoculate a portion of the fluid into a pediatric blood culture vial (available from Microbiology) immediately after collection</p> <p>Transport promptly to the Laboratory.</p> <p>Dialysates, pleural fluid and any specimen that may be contaminated with fecal flora should be refrigerated if collected after hours Indicate additional or special requests.</p> <p>See also CEREBROSPINAL FLUID, DIALYSATE and JOINT FLUID CULTURE</p> |
| <p>BONE MARROW CULTURE</p> <ul style="list-style-type: none"> Aspirate Biopsy | <p>C&S container & BacT/Aert ® Aerobic blood culture vial</p> <p>Special container with collection kit</p> | <p>Microbiology</p> | <p>Follow instructions with collection kit.</p> <p>Indicate additional or special requests (e.g. culture for special organisms such as <i>Brucella</i>).</p> <p>Place the specimen in the bottle containing the agar. DO NOT press into the agar. T.B. and fungi are routinely done if there is sufficient specimen. If there is only a small amount of specimen, the doctor must prioritize the requests.</p> |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

Wards with access to Sunrise Clinical Manager may submit specimen information electronically. Note: A requisition is required for some tests

| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|--|---|---|
| BORDETELLA (Pertussis, Whooping Cough) • PCR and culture | Bordetella Collection Kit | BCCDC Requisition with kit | Special Provincial Laboratory kits are required for this test. Obtain from PHC or MSJ Laboratory. |
| BORRELIA SEROLOGY (Lyme disease, Relapsing fever) | Red top tube | BCCDC Non-viral Serological Tests | An accurate patient history, including any exposure to ticks or lice, and travel information, especially noting any outdoor activity, must be submitted This test is only performed on CSF if a serum sample is also submitted for testing. (Refer to Arthropod ID for information on submitting a live tick for investigation.) |
| BOTULISM INVESTIGATION | 4 Red top tubes (15 mL serum) Stool: Enteric Pathogen Transport Other: C&S container | BCCDC Food Poisoning Investigation Part A (Available from Microbiology) | Contact the PHC on call Medical Microbiologist through the hospital switchboard. Collect the blood BEFORE any antitoxin is administered. Submit at least 100 grams of Stool. Vomited material or remains of any food consumed may also be submitted. Refrigerate the specimen. Include information about the patient's food and history & symptoms on the requisition. See also FOOD POSONING |
| BRONCHOSCOPY | C&S container or suction trap | Microbiology | Indicate any special requests such as <i>Pneumocystis</i> , <i>Legionella</i> , T.B. Fungus, etc. Routinely cultured for anaerobes. See also <i>LEGIONELLA</i> , <i>PNEUMOCYSTIS</i> , T.B./FUNGUS CULTURE |
| BRUCELLA • Culture • Serology | BacT/Alert® Aerobic & Anaerobic culture vials Red top tube | Microbiology BCCDC Non-viral Serological Tests | Specify "Investigate for <i>Brucella</i> ". Blood cultures are incubated for 3 weeks. See also BLOOD CULTURES Include patient history See SEROLOGY TESTS |
| CAMPYLOBACTER | | | See STOOL CULTURE |
| CANDIDA | | | See FUNGUS CULTURE |
| CATHETER TIPS CULTURE | C&S container | Microbiology | Do not add saline to the container. Deliver as soon as possible. Foley catheter tips are inappropriate for culture |
| CEREBROSPINAL FLUID • Routine culture • Fungus culture • Serology (non viral) • Syphilis • T.B. / MAI • Virus NAT/virus serology | Sterile centrifuge tube(s) in LP set | Microbiology Microbiology BCCDC Syphilis (Tests) Microbiology Virology | Deliver all tubes and requisitions to the Laboratory Accessioning Department. The specimen will be divided and aliquots transported to other areas of the Lab. This is a STAT PROCEDURE. Hand the specimen directly to a Laboratory Technologist. Indicate special request such as cryptococcal antigen. Serological testing for Toxoplasmosis and Lyme disease requires that a serum specimen be submitted at the same time, so blood work must also be ordered. See also FUNGUS, T.B. CULTURE, SYPHILIS See VIROLOGY services |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

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| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|---|-----------------------------------|---|
| CHLAMYDIA TRACHOMATIS NAT | <i>Chlamydia</i> Collection Kit | Microbiology | Obtain collection instructions and kits from Laboratory Accessioning |
| CHLAMYDIA PNEUMONIAE | Red top tube | BCCDC Non-viral Serological Tests | See SEROLOGY TESTS |
| CLOSTRIDIUM DIFFICILE • Toxin NAT assay | C&S container | Microbiology | The same specimen submitted for routine fecal culture can be used. Request " <i>C.difficile</i> toxin". Only one specimen/day or up to three specimens within 10 day will be tested. Positive patients may be re-tested after 10 days. Deliver promptly to Laboratory. See also STOOL CULTURE |
| CORNEAL SCRAPINGS | Corneal scraping kit | | Follow the instructions with the collection kit. See also EYE CULTURE |
| CMV (Cytomegalovirus) | | | See VIROLOGY services |
| COCCIDIOIDES | | | See FUNGUS CULTURE, FUNGUS SEROLOGY. |
| CPO (Carbapenemase producing organism) | C&S swab | Microbiology | Refer to the Infection Control manual for instructions. |
| CRYPTOCOCCUS • Culture • Antigen | C&S container or C&S swab Tube from LP Set for CSF, red top tube for serum | Microbiology Microbiology | For all specimens request " <i>Cryptococcus</i> " or "Cryptococcal antigen". See also CEREBROSPINAL FLUID |
| CRYPTOSPORIDIUM | Stool O&P | BCCDC Parasitology | Request " <i>Cryptosporidium</i> " |
| CSF | | | See CEREBROSPINAL FLUID |
| DIALYSATE | C&S container (minimum 70 mLs) | Microbiology | Bring the specimen to the lab as soon as possible after collection. Refrigerate the specimen if it cannot be transported to the Laboratory immediately. |
| EAR CULTURE | C&S swab or C&S thin wire swab | Microbiology | Specify any fungal requests |
| ENVIRONMENTAL CULTURE | C&S swab | Microbiology | Consult the Medical Microbiologist for approval. Moisten the swab with sterile saline before taking the culture |
| ESCHERICHIA COLI O157:H7 | Microbiology | Microbiology | Specimens must be submitted during the first four days of illness or false negative results may occur. See STOOL CULTURE |
| EYE CULTURE | C&S thin wire swab | Microbiology | See also CORNEAL SCRAPINGS |
| FAECES | | | See STOOL CULTURE |
| 5-FLUOROCYTOSINE LEVEL | | | Consult Medical Microbiologist for approval. |
| FLUIDS | | | See BODY FLUIDS CULTURE |
| FLUCONAZOLE LEVEL | | | Consult Medical Microbiologist for approval. |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

Wards with access to Sunrise Clinical Manager may submit specimen information electronically. Note: A requisition is required for some tests

| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|--|---|--|
| FOOD POISONING | Stool Enteric Pathogen transport Other: C&S container | BCCDC Food Poisoning Investigation part A | Collect at least 100 grams of material (emesis/stool/food) and REFRIGERATE. Notify the Medical Microbiologist at PHC. (Contact through the hospital switchboard.) Include information on patient's recent food history. A food poisoning investigation kit is available from the Microbiology Laboratory. See also BOTULISM INVESTIGATION |
| FUNGUS CULTURE | C&S container or C&S swab – See Instructions/Other Information | Microbiology | Either a C&S container or a C&S swab may be used for most specimens. For scrapings: Submit specimens in a dry C&S container. KOH preparation may be requested. Hair, nails: - Place clippings in a dry C&S container. KOH preparations may be requested. Sputum, pus other fluid: submit in a C&S container. The type of fungus suspected should be indicated since culture methods vary for different fungi. State any pertinent information such as travel history etc. See also BLOOD CULTURES, BIOSPY SPECIMENS, BODY FLUIDS, BONE MARROW, CEREBROSPINAL FLUID, LYSIS CENTRIFUGATION |
| FUNGUS SEROLOGY | Red top tube | BCCDC Non-viral Serological Tests | Specifically request the fungus suspected. Note: Hemolyzed blood is not suitable for testing. See SEROLOGY TEST, <i>ASPERGILLUS</i> PRECIPITIN |
| G.C. (<i>Neisseria gonorrhoeae</i>) • Genital • Throat • Rectal (anal) • NAT (Genital and Rectal ONLY) | C&S swab <i>Chlamydia</i> / GC NAT Collection Kit | Microbiology | DO NOT REFRIGERATE SPECIMENS. Deliver promptly to the Laboratory. Specify investigation for this organism on the requisition. See also BLOOD, GENITAL, RECTAL, THROAT CULTURES |
| GASTRIC WASHING | | | See T.B. CULTURE |
| GENITAL CULTURES • Cervix • Vagina • Vaginal- rectal • Rectal (anal) • Urethra, Penis | Swab – See Instructions/Other Information | Microbiology | Do not refrigerate specimens. Female: A cervical swab is the recommended specimen for diagnosis of GC. A vaginal swab is processed for bacterial vaginosis and <i>Candida</i> . <i>Trichomonas</i> examination by request. A vaginal-rectal swab is the recommended specimen for Group B <i>Streptococcus</i> (GBS) screen. Male: Urethra is routinely processed for GC. Use a thin wire swab in Amies transport medium for sample collection. (Available from PHC Microbiology.) Specimens are not routinely cultured for anaerobes. Indicate if investigation for specific organism(s) is requested [e.g. yeast (<i>Candida</i>)]. See also <i>CHLAMYDIA</i> , SYPHILIS, <i>TRICHOMONAS</i> |
| GENTAMICIN LEVEL | | | See BIOCHEMISTRY services |
| GIARDIA | Stool O & P | BCCDC Parasitology | A duodenal aspirate is the best specimen to submit. A stool sample may also be investigated. Use the C&S container for the aspirate and the Stool O&P container for the stool specimen. |
| HELICOBACTER PYLORI • Culture • Serology | | | Contact Nuclear Medicine (68008) for breath test. Contact the Microbiology Department See SEROLOGICAL TESTING |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

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| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|---|--|--|
| HAEMOPHILUS DUCREYI | | | If possible, the patient should be sent to the S.T.D. Clinic at the Provincial Laboratory. If this is not possible, contact the Medical Microbiologist before taking the specimen. |
| HEPATITIS | | | See VIROLOGY services |
| HERPES | | | See VIROLOGY services |
| HISTOPLASMA | | | See FUNGUS CULTURE, FUNGUS SEROLOGY |
| HIV (Human Immunodeficiency Virus) | | | See VIROLOGY services |
| HTLV I, HTLV II | | | See VIROLOGY services |
| INDIA INK | | Microbiology | This test is no longer used. It has been replaced by the cryptococcal antigen test which is more sensitive. See also CEREBROSPINAL FLUID |
| IUD CULTURE | C&S container | Microbiology | Routinely screened for genital pathogens and <i>Actinomyces</i> . Deliver promptly. |
| ISOLATOR | | | See LYSIS CENTRIFUGATION |
| JOINT FLUID CULTURE | C&S container or Syringe | Microbiology | If a capped syringe is submitted, the needle must be removed prior to transport . Transport promptly to the laboratory. See also BODY FLUIDS CULTURE |
| KOH PREPARATION | | | See FUNGUS CULTURE |
| LEGIONELLA | | | |
| <ul style="list-style-type: none"> • Culture • Direct Fluorescence • Antigen detection • Serology | <p>C&S container</p> <p>C&S container</p> <p>Red top tube</p> | <p>Microbiology</p> <p>BCCDC Non-viral Serological tests</p> | <p>Indicate that an investigation from this organism is required. Fluorescent antibody staining is available on consultation with the Medical Microbiologist. Antigen detection is performed on urine. Submit specimen during the acute stage.</p> <p>A random serum specimen may be submitted. Paired sera are not necessary.</p> |
| LICE | | | See ARTHROPOD ID |
| LUNG BIOPSY CULTURE | Lung biopsy kit | Microbiology | Follow the instructions with the collection kit. See Also BIOPSY SPECIMENS |
| LYME DISEASE | | | See <i>BORRELIA</i> SEROLOGY |
| LYMPH NODE CULTURE | | | See BIOPSY SPECIMENS |
| LYSIS CENTRIFUGATION | Wampole Isolator® tube | Microbiology | For fungi and <i>Bartonella</i> . Only one lysis centrifugation culture will be processed. |
| MALARIA | | | See HAEMATOLOGY services |
| METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS | C&S swab | Microbiology | Refer to the Infection Control manual for instructions. |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

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| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|---|--|---|
| MINIMUM INHIBITORY or BACTERICIDAL CONCENTRATION | N/A | Microbiology | Minimum inhibitory & bacterial concentrations are performed on consultation with the Medical Microbiologist. This test requires a specific organism that has been isolated from the patient. Include information on the isolate (e.g., Blood culture isolate of April 4, 2003) also specify which antibiotic is to be tested. |
| MITES | | | See ARTHROPOD ID |
| MOUTH | C&S swab | Microbiology | Routinely investigated for <i>Candida</i> . |
| MRSA, /MRSA SCREEN | | | See METHICILLIN RESISTANT <i>STAPHYLOCOCCUS AUREUS</i> |
| MYCOBACTERIUM CULTURE | C&S container | Microbiology | See. T.B. Culture. Specify Mycobacterium species if other than <i>M. Tuberculosis</i> is suspected. |
| MYCOLOGY | C&S container or C&S swab | Microbiology | See FUNGUS CULTURE |
| MYCOPLASMA Serology | Red top tube | Virology | Submit both an acute and a convalescent serum sample for <i>Mycoplasma pneumoniae</i> investigation. See SEROLOGICAL TESTS |
| NOCARDIA | C&S container or C&S swab | Microbiology | Indicate that an investigation for this organism is required |
| NOSE CULTURE | C&S swab | Microbiology | If investigation is for <i>Staphylococcus aureus</i> carrier state or MRSA screen, indicate this and swab the anterior nares. See also METHICILLIN RESISTANT <i>STAPHYLOCOCCUS AUREUS</i> |
| OVA AND PARASITES | | | See PARASITES |
| P24 ANTIGEN | | | See VIROLOGY services |
| PARASITES <ul style="list-style-type: none"> • Amoebae • <i>Cryptosporidium</i> • <i>Giardia</i> • Malaria • Microfilaria • Pinworm • Scabies • Schistosomiasis • Stool • worms | Sticky paddle kit C&S container Stool O & P C&S container or Stool O & P | BCCDC Parasitology BCCDC Parasitology BCCDC Parasitology BCCDC Parasitology | See AMOEBAE EXAMINATION See <i>CRYPTOSPORIDIUM</i> See <i>GIARDIA</i> See HAEMATOLOGY services See HAEMATOLOGY services Optimal recovery of <i>E. vermicularis</i> eggs from the anal-rectal canal is achieved by collecting the specimen in the early morning, as the female worm lays her eggs during the night. See SCABIES <i>S. hematobium</i> : Submit an afternoon voided URINE specimen or biopsy material from the bladder mucosa. Eggs are more often present in the last few drops rather than the first portion of a voided specimen. Other <i>Schistosoma</i> species – submit stool or scrapings from rectum. Submit in SAF fixative. (O & P Kit available from Microbiology). Note: Specimens submitted in fixative cannot be used for culture. Submit a separate specimen if culture is required. Submit worms for identification in 70% alcohol. Stool specimens containing worms should be submitted in the Stool O & P container. |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

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| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|---|--|---|
| PARASITE SEROLOGY | Red top tube | BCCDC Non-viral Serological Tests | State travel history, clinical findings and other pertinent information. |
| PLEURAL FLUID | C&S container | Microbiology | See BODY FLUIDS CULTURE |
| PNEUMOCYSTIS | C&S container or Suction trap and glass slide | Microbiology | Bronchoalveolar lavage is the preferred specimen. Smears from the bronchial brush should be made at the bedside. Submit both wash and smears for examination. Notify lab to expect the specimen. Test takes approximately 2 hours. |
| RECTAL CULTURE • C&S • GC • VRE | C&S swab | Microbiology | C&S specimen is processed for enteric pathogens. If abscess indicated, routine aerobic and anaerobic cultures are performed. See ABSCESS CULTURE See GC CULTURE For surveillance culture |
| RUBELLA | | | See VIROLOGY services |
| SALMONELLA AND SHIGELLA CULTURE | | | See STOOL CULTURE |
| SARS | | | See VIROLOGY services |
| SCABIES | Scabies kit | Microbiology | Submit skin scrapings sandwiched between two glass slides or in a dry C&S container. |
| SEROLOGY TESTS (NON-VIRAL) | Red top tube | BCCDC Non-viral Serological Tests | Specify the test required. Contact the lab if unsure whether a particular test is available. Submit both "ACUTE" and "CONVALESCENT" serum samples. Allow approximately 7-18 days between samples. The patient's complete clinical history must be submitted. See <i>BORDETELLA</i> , <i>BORRELIA</i> SEROLOGY, <i>BRUCELLA</i> , FUNGUS SEROLOGY, <i>LEGIONELLA</i> , <i>MYCOPLASMA</i> , SYPHILIS. See also VIROLOGY services |
| SERUM CIDAL LEVEL | Red top tube | Microbiology | Consult with the Medical Microbiologist before ordering this test. |
| SKIN TEST | | | See Medication Policy and Procedure manual "Types of Skin Tests and General Information." |
| SPUTUM CULTURE • AFB/T.B. requests | C&S container | Microbiology Microbiology | Only fresh specimens resulting from a deep cough should be submitted. DO NOT submit saliva. Send to Microbiology as soon as possible. Request "STAT" if a STAT Gram stain is requested. Indicate special request such as <i>Legionella</i> . This specimen is unsuitable for anaerobic culture. Refer to T.B CULTURE. for collection instructions Specimens are concentrated and processed Monday through Saturday (except statutory holidays) at approximately 0900 hours. STAT AFB requests are not offered on a routine basis and will only be considered after consultation with the Medical Microbiologist. See also STAT REQUESTS T.B./FUNGUS/LEGIONELLA CULTURE |
| STOOL • Routine culture | C&S container | Microbiology | Routine stool culture consists of investigation for the following organisms: <i>Aeromonas</i> , <i>Campylobacter</i> , <i>E.coli</i> 0157:H7 <i>Salmonella</i> , <i>Shigella</i> and <i>Yersinia</i> . Investigation for the following must be specifically requested: <i>C.difficile</i> toxin NAT assay, <i>Vibrio</i> , Yeast. See also <i>CRYPTOSPORIDIUM</i> , PARASITE, T.B. CULTURE |

ALPHABETICAL LISTING OF ANATOMICAL SITES, SOURCES AND REQUESTS

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| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|--|--|--|--|
| SYNERGY TEST | | | Consult with the Medical Microbiologist before ordering this test. |
| SYNOVIAL FLUID CULTURE | | | See JOINT FLUID CULTURE. |
| SYPHILIS <ul style="list-style-type: none"> • Dark field examination • Serology | Dark field kit See Instructions/Other information | BCCDC Syphilis (Tests) | Follow the instructions with the kit. Blood: Collect in a Red top tube. Submit a full tube of blood. CSF: Submit 1 mL of cerebrospinal fluid in a sterile tube. See CEREBROSPINAL FLUID |
| T.B. CULTURE <ul style="list-style-type: none"> • Bone Marrow • Biopsy specimens • Blood • Bronchoscopy • Gastric Washing • Sputum • Pleural Fluid • Stool • Urine | Use a C&S container unless otherwise instructed. Do not submit specimens on a swab. See instructions/ Other Information Bactec® Myco/F Lytic culture vial Suction trap or C&S container KB "TREATED" container | Use a Microbiology requisition for all specimens | The information in this section also refers to specimens being submitted for investigation of other Mycobacterium species (e.g.. <i>M. avium</i> , Atypical mycobacteria, etc) SMEARS: Sputum specimens are concentrated for smears Monday - Saturday (except statutory holidays) at approximately 0900hours. Acid-fast smears are NOT done on blood specimens or performed after hours. See also AFB STAIN, MYCOBACTERIA Submit aspirate or biopsy material. Place the specimen in the bottle containing the agar. DO NOT press into the agar. T.B. is routinely done if there is sufficient specimen See BONE MARROW CULTURE Add about 1 mL of sterile saline to container to prevent drying. See BIOPSY SPECIMENS. Inoculate the vial with up to 5 mL of blood. Up to 2 cultures may be submitted. This container holds a buffer to neutralize stomach acid. Optimal time for collection is early in the morning <u>before</u> meals. Submit no more than 100 mL of 3 fasting specimens collected on consecutive days. Refrigerate after collection. Collect an early morning specimen on 3 consecutive days or, for infection control purposes, 3 specimens within 24 hours with a minimum time span of 8 hours between collections. Submit each specimen separately. DO NOT submit 24-hour sputum collection. DO NOT split one specimen into three containers. Refrigerate until transported to the laboratory. See SPUTUM CULTURE <i>Mycobacterium avium</i> (MAI) must be requested. Culture is done only if the smear is positive for aci -fast bacilli. Collect early morning specimens taken on three consecutive days. Submit each specimen separately. DO NOT submit 24-hour urine collections. DO NOT send several specimens collected on the same day. DO NOT split one specimen into 3 containers. STAT acid-ast screening smears are not done on urine specimens. |
| THROAT CULTURE | C&S swab | Microbiology | A Gram stain is not performed on throat specimens. Specify if investigation for <i>N. gonorrhoeae</i> is required. |

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| INVESTIGATION | CONTAINER | REQUISITION | INSTRUCTIONS/OTHER INFORMATION |
|---|---|--|--|
| THRUSH | | | See FUNGUS CULTURE |
| TOBRAMICIN LEVEL | | | See BIOCHEMISTRY services |
| TOXOPLASMOSSIS • Serology | Red top tube | BCCDC Non-viral Serological tests | Submit serum. This test is only performed on CSF if a serum sample is also submitted for testing. See SEROLOGY TESTS |
| TREPONEMA PALLIDUM | | | See SYPHILIS |
| TRICHOMONAS EXAMINATION | C&S swab | Microbiology | Do not refrigerate. Deliver immediately to Microbiology. |
| URINE CULTURE | C&S container or container with MSU collection kit or catheterization tray | Microbiology | If using the MSU Kit, follow the collection instructions in the kit. All specimens must be submitted in a sterile C&S container within 24 hours of collection, and refrigerated immediately if there will be any delay in transporting it to the laboratory. Specimens more than 24 hours old on receipt in the laboratory will not be processed (See also T.B. CULTURE) Reporting of Results: No growth - reported the following day after culture. Significant growth - an interim report is sent out the following day after culture. Identification and sensitivity of isolate(s) can usually be reported by the second day following culture. |
| VAGINAL | | | See GENITAL CULTURE |
| VANCOMYCIN LEVEL | | | See BIOCHEMISTRY services |
| VANCOMYCIN RESISTANT ENTEROCOCCI | C&S swab | Microbiology | Refer to the Infection Control manual for instructions. |
| VINCENT'S ORGANISMS "VINCENT'S ANGINA" | C&S swab | Microbiology | Specimens should be taken from ulcerative gum, mouth or pharyngeal lesions. Request "Vincent's organisms" on the requisitions. Bedside - made smears of the lesion(s) can also be submitted. |
| VIRUS CULTURE | | | See VIROLOGY services See also BLOOD CULTURES (CMV culture, CMV antigenemia) |
| VIRUS SEROLOGY | | | See VIROLOGY services See SEROLOGY TESTING |
| VORICONAZOLE LEVEL | | | Consult Medical Microbiologist for approval. |
| VRE/VRE SCREEN | | | Refer to the Infection Control manual for instructions. |
| WORM ID | | | See PARASITOLOGY |
| WOUND CULTURE | C&S swab | Microbiology | Specimens from deep wounds may also be submitted in an anaerobic transporter. See also ABSCESS CULTURE, ANAEROBES |
| YEAST CULTURE | | | See FUNGUS CULTURE |
| YERSINIA CULTURE | | | See STOOL CULTURE |