Clinical Microbiology Test and Requisition Changes

Urine Culture Investigations – Reminder to Include Clinical Justification

Change Effective: **March 1, 2021**

Background Information:
Shared Health Diagnostic Services (Lab) have established new testing protocols to reflect best practice and testing algorithms. The Clinical Microbiology Requisition has been revised to enable these changes.

As a reminder, when completing a Clinical Microbiology requisition, please consult the Clinical Microbiology Requisition – Visual Aide to ensure required information is included on the requisition. The omission of required information will result in testing delays or sample rejection and the necessity for recollection of a new sample.

Clinical Practice Change:
On June 1, 2021, Clinical Microbiology began rejecting urines for routine culture when the completed requisition did not include clinical justification. This memo is a reminder that **clinical justification MUST be provided on the requisition for urine culture to be performed (the ordering practitioner MUST check off one or more of the clinical justification boxes under "urinary tract specimens" on the requisition). Alternative clinical justifications provided or written outside these will not be considered valid.** For urine cultures that are rejected because clinical justification was inadvertently missed, the ordering practitioner (or delegate) may contact the laboratory within 48 hours to provide this information and request processing of the sample.

References/Resources:
- https://apps.sbgh.mb.ca/labmanual/document/requisitions

Patient Impact:
- Improve appropriateness of urine culture investigations

System Improvements:
- Reduce testing that does not add diagnostic value
- Reduce form completion and registration errors

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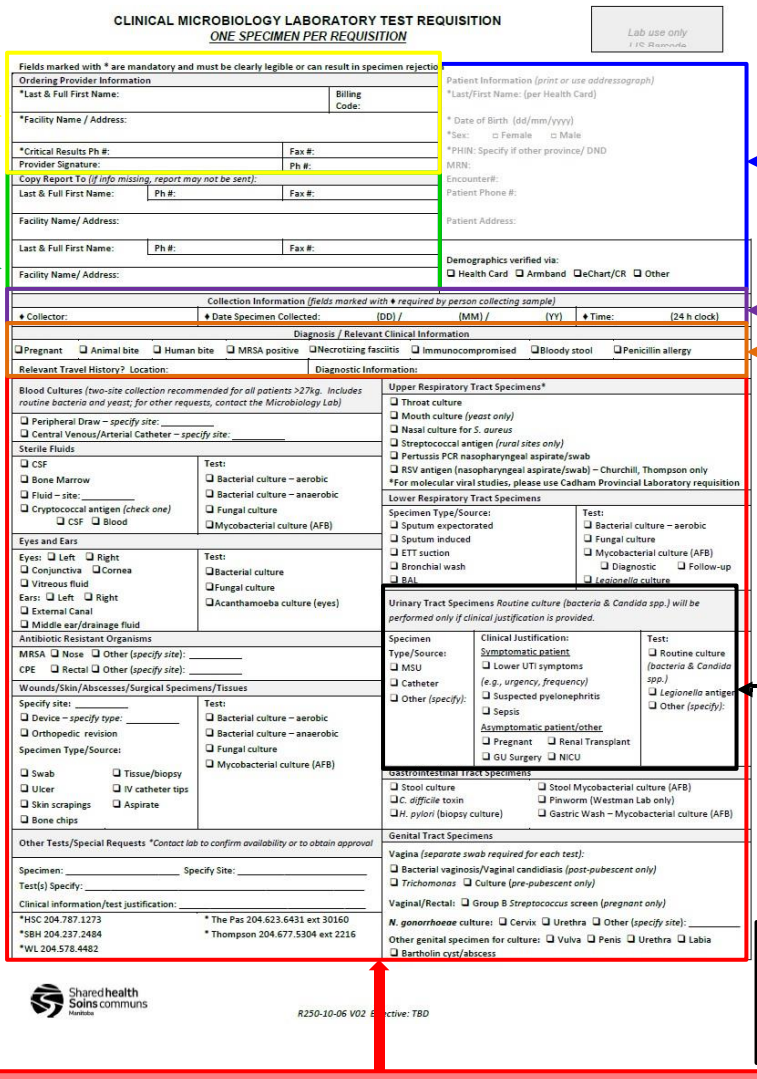
Clinical Microbiology Requisition – Visual Aide

Required information:
- Location of patient (ward/nursing unit)
- Name of authorized ordering professional
- Physician 24/7 critical results contact number

If a copy of a report is required for another physician, the physician's full name, location (address) and Fax number must be provided.



CLINICAL MICROBIOLOGY LABORATORY TEST REQUISITION
ONE SPECIMEN PER REQUISITION

Lab use only

Fields marked with * are mandatory and must be clearly legible or can result in specimen rejectio

Ordering Provider Information
*Last & Full First Name:
Billing Code:
*Facility Name / Address:
*Critical Results Ph #:
Fax #:
Provider Signature:
Ph #:

Copy Report To (*if info missing, report may not be sent*):
Last & Full First Name:
Ph #:
Fax #:
Facility Name/ Address:
Last & Full First Name:
Ph #:
Fax #:
Facility Name/ Address:

Patient Information (*print or use addressograph*)
*Last/First Name: (per Health Card)
* Date of Birth (dd/mm/yyyy)
*Sex: ☐ Female ☐ Male
*PHIN: Specify if other province/ DND
MRN:
Encounter#:
Patient Phone #:
Patient Address:
Demographics verified via:
❑ Health Card ❑ Armband ❑eChart/CR ❑ Other

Collection Information (*fields marked with ♦ required by person collecting sample*)
♦ Collector:
♦ Date Specimen Collected: (DD) / (MM) / (YY)
♦ Time: (24 h clock)

Diagnosis / Relevant Clinical Information
❑Pregnant ❑ Animal bite ❑ Human bite ❑ MRSA positive ❑Necrotizing fasciitis ❑ Immunocompromised ❑Bloody stool ❑Penicillin allergy
Relevant Travel History? Location:
Diagnostic Information:

Blood Cultures (*two-site collection recommended for all patients >27kg. Includes routine bacteria and yeast; for other requests, contact the Microbiology Lab*)
❑ Peripheral Draw – *specify site:*
❑ Central Venous/Arterial Catheter – *specify site:*

Sterile Fluids
❑ CSF
❑ Bone Marrow
❑ Fluid – site:
❑ Cryptococcal antigen (*check one*) ❑ CSF ❑ Blood
Test:
❑ Bacterial culture – aerobic
❑ Bacterial culture – anaerobic
❑ Fungal culture
❑Mycobacterial culture (AFB)

Eyes and Ears
Eyes: ❑ Left ❑ Right
❑ Conjunctiva ❑Cornea
❑ Vitreous fluid
Ears: ❑ Left ❑ Right
❑ External Canal
❑ Middle ear/drainage fluid
Test:
❑Bacterial culture
❑Fungal culture
❑Acanthamoeba culture (eyes)

Antibiotic Resistant Organisms
MRSA ❑ Nose ❑ Other (*specify site*):
CPE ❑ Rectal ❑ Other (*specify site*):

Wounds/Skin/Abscesses/Surgical Specimens/Tissues
Specify site:
❑ Device – *specify type:*
❑ Orthopedic revision
Specimen Type/Source:
❑ Swab ❑ Tissue/biopsy
❑ Ulcer ❑ IV catheter tips
❑ Skin scrapings ❑ Aspirate
❑ Bone chips
Test:
❑ Bacterial culture – aerobic
❑ Bacterial culture – anaerobic
❑ Fungal culture
❑ Mycobacterial culture (AFB)

Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval
Specimen: Specify Site:
Test(s) Specify:
Clinical information/test justification:
*HSC 204.787.1273
*SBH 204.237.2484
*WL 204.578.4482
* The Pas 204.623.6431 ext 30160
* Thompson 204.677.5304 ext 2216

Upper Respiratory Tract Specimens*
❑ Throat culture
❑ Mouth culture (*yeast only*)
❑ Nasal culture for *S. aureus*
❑ Streptococcal antigen (*rural sites only*)
❑ Pertussis PCR nasopharyngeal aspirate/swab
❑ RSV antigen (nasopharyngeal aspirate/swab) – Churchill, Thompson only
*For molecular viral studies, please use Cadham Provincial Laboratory requisition

Lower Respiratory Tract Specimens
Specimen Type/Source:
❑ Sputum expectorated
❑ Sputum induced
❑ ETT suction
❑ Bronchial wash
❑ BAL
Test:
❑ Bacterial culture – aerobic
❑ Fungal culture
❑ Mycobacterial culture (AFB)
❑ Diagnostic ❑ Follow-up
❑ *Legionella* culture

Urinary Tract Specimens *Routine culture (bacteria & Candida spp.) will be performed only if clinical justification is provided.*
Specimen Type/Source:
❑ MSU
❑ Catheter
❑ Other (*specify*):
Clinical Justification:
Symptomatic patient
❑ Lower UTI symptoms (*e.g., urgency, frequency*)
❑ Suspected pyelonephritis
❑ Sepsis
Asymptomatic patient/other
❑ Pregnant ❑ Renal Transplant
❑ GU Surgery ❑ NICU
Test:
❑ Routine culture (*bacteria & Candida spp.*)
❑ *Legionella* antigen
❑ Other (*specify*):

Gastrointestinal Tract Specimens
❑ Stool culture
❑ *C. difficile* toxin
❑ *H. pylori* (biopsy culture)
❑ Stool Mycobacterial culture (AFB)
❑ Pinworm (Westman Lab only)
❑ Gastric Wash – Mycobacterial culture (AFB)

Genital Tract Specimens
Vagina (*separate swab required for each test*):
❑ Bacterial vaginosis/Vaginal candidiasis (*post-pubescent only*)
❑ *Trichomonas* ❑ Culture (*pre-pubescent only*)
Vaginal/Rectal: ❑ Group B *Streptococcus* screen (*pregnant only*)
N. gonorrhoeae culture: ❑ Cervix ❑ Urethra ❑ Other (*specify site*):
Other genital specimen for culture: ❑ Vulva ❑ Penis ❑ Urethra ❑ Labia
❑ Bartholin cyst/abscess

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Required information:
Patient Demographics: All patient demographics must be present and legible
- Patient first/last name
- DOB
- PHIN or other unique identifier

Required information:
Date, time and initials of individual collecting sample must be provided.

All information available in relation to the patient as outlined in this section must be entered as this information will be used by the laboratory to determine how the sample is processed. Failure to provide such information may result in sub optimal sample workup.

If clinical justification is not included in this box for routine culture, the urine will be rejected.

Required information:
Test orders: Check off all tests as clinically ordered.
- Use one requisition per sample only
- Place an "X" in the box that describes the specimen being sent and the test being ordered. Indicate the site if applicable. e.g. wound swab (specimen source), of left leg (specimen site) for bacterial culture-aerobic (test ordered)

***Failure to clearly indicate the specific test(s) being requested will result in testing delays and potentially in sample rejection and the necessity for recollection of a new sample.

Note: C&S is a term no longer used. The term "Bacterial culture-aerobic" in the test request area on the requisition is synonymous with C&S

Label for Specimen:
Labels for specimens can be separate adhesive labels which have been addressographed. If completed manually, minimum information that must be provided includes:
- Patient last name, first name
- PHIN # or equivalent
- Specimen source

FAILURE TO PROVIDE CORRECT INFORMATION MAY RESULT IN SAMPLE REJECTION