For CPL Lab Use Only

Cadham Provincial Laboratory

General Requisition

Manitoba Health

ONLY ONE SPECIMEN TYPE PER REQUISITION

All areas of the requisition must be completed (please **print** clearly)

See back for requisition/specimen instructions

Cadham Provincial Laboratory
P.O. Box 8450
Winnipeg, MB R3C 3Y1

Tel: (204) 945-6123
Fax: (204) 786-4770
E-mail: cadham@gov.mb.ca
Website: www.gov.mb.ca/health/publichealth/cpl

Outbreak Cadham Lab Requisition Sample.

Ensure all requisitions have the required information necessary for a specimen to be processed. Highlighted below in red are some important areas.

RELEVANT CLINICAL INFORMATION

Outbreak Code:

■ In-Patient ☐ Out-Patient

Reason for Test:

☐ Immigration ☐ Occupational ■ Other: Outbreak
☐ Needlestick ☐ Sexual Assault ☐ Pregnant ☐ Immune Status

Relevant History:

☐ Autopsy ☐ Diabetes ☐ Food Borne Illness
☐ Cancer/Chemotherapy ☐ Dialysis ☐ Transplant

Signs and Symptoms:

☐ Bronchiolitis ☐ Fever ☐ Lymphadenopathy
☐ Conjunctivitis ☐ Gastrointestinal ☐ Pneumonia
☐ Diarrhea ☐ Influenza-Like Illness ☐ Rash
☐ Encephalitis ☐ Jaundice
☐ Other:

Travel/Treatment History:

SPECIMEN INFORMATION

Specimen Type: NP Swab or Stool Spec

Specimen Source: NP or Stool

Collected at: Date/Time:

COPY REPORT TO:

Other Practitioner Last Name First name ,

Facility | Secure Fax #

PATIENT INFORMATION

PHIN: | MB Health Reg. #

Alternate ID: ☐ RCMP# ☐ Military # ☐ Other Provinces/Territories ☐ Other:

Uninsured: ☐ Cheque/Money Order enclosed ☐ Payment to follow

Date of Birth: YYYY/MM/DD | Sex: | Chart/Clinic/Lab #

Patient Legal Last Name | First Name

Street or Other (e.g., General Delivery) | Phone #

City/Municipality/First Nations Reserve | Postal Code

RETURN REPORT TO:

Ordering Practitioner Last Name First name Initial(s) ,

Facility

Facility Address | City/Town

Postal Code | Phone # | Secure Fax #

After Hours Contact # for Critical Results:

SEROLOGY

Serology Test Panels (see #1 over)

☐ STBBI Panel
☐ Post Exposure: Source Panel (1, 3)
☐ Post Exposure: Exposed Panel (1)
☐ Prenatal Panel
☐ Prenatal HIV OPT OUT (2)

HIV (4) ☐ HIV 1/2 Ag/Ab Combo ☐ Syphilis Screen

Hepatitis

☐ HAV IgG (Immunity) ☐ HAV IgM (acute HAV infection)
☐ HBcAb (Total) ☐ HBsAb (Immunity)
☐ HBsAg ☐ HCV Ab

Nucleic Acid (Plasma Only) (5)

☐ WNV PCR ☐ HBV PCR/QUANT
☐ HCV Genotyping ☐ HCV PCR/QUANT

Miscellaneous Serology

	Acute	Immune Status		Acute	Immune Status
Measles	☐ IgM	☐ IgG	CMV	☐ IgM	☐ IgG
Mumps	☐ IgM	☐ IgG	EBV	☐ IgM	☐ IgG
Rubella	☐ IgM	☐ IgG	HSV	☐ IgM	☐ IgG
Varicella	☐ IgM	☐ IgG	Parvo B19	☐ IgM	☐ IgG
			Toxoplasma	☐ IgM	☐ IgG
			WNV	☐ IgM	

☐ Lyme Ab ☐ H. pylori Ab ☐ Mycoplasma pneumoniae IgM

PARASITOLOGY

☐ Ova & Parasites ☐ Skin Scrapings ☐ Pinworm Examination
☐ Blood Smears ☐ Identification ☐ Other:

MICROBIOLOGY

Bacteriology

☐ Culture & Sensitivity (C&S)
☐ MRSA Screen
☐ Other:
☐ *C. difficile* Toxin Testing
☐ *Helicobacter pylori* Culture
☐ Spore/Sterilizer Testing

Gonorrhea

☐ Gonorrhea Culture

Chlamydia & Gonorrhea Screen (NAAT)

☐ Urine (APTIMA Urine Tube/Yellow)
☐ Cervix (APTIMA Unisex Swab)
☐ Urethra (APTIMA Unisex Swab)
☐ Other:

Referral Isolate:

☐ Identification ☐ Susceptibility Testing ☐ Subtyping
Isolate Information:

VIRUS DETECTION (must specify virus requested)

■ Viral Detection
☐ PCR/NAAT(specify)

OTHER TESTS OR REQUESTS

IMPORTANT: BLOOD COLLECTION SERVICES ARE **NOT** AVAILABLE AT CADHAM PROVINCIAL LABORATORY

MG-696 (02/20)

REQUISITION DEMOGRAPHIC INFORMATION

Mandatory Fields: The specimen will not be tested until all mandatory fields (PHIN, Patient Legal Name, Date of Birth, Sex, Practitioner Name and Address, Source/Type) are provided.

Alternative ID: A unique health ID issued by other authorities such as: RCMP, Military, FNIH/ISC, Other Canadian Provinces, Great-West Life, etc. If no PHIN this is a mandatory field.

Sex: M = Male; F = Female; U = Unknown; A = Ambiguous (Transgender)

REPORTS

Secure Fax Number: The fax machine must be in a secure location accessible ONLY to persons requiring reports.

Report Address: The address where the report(s) will be sent. Complete information including facility name is required to ensure delivery. All reports will be sent by fax unless otherwise indicated.

Copy Report To: This area can only be filled out or authorized by the ordering practitioner and is intended for another practitioner providing care.

REQUISITION TEST ORDERING INFORMATION

Outbreak Code: For Infection Control and Public Health Purposes call Outbreak Coordinator (Microbiology Scientist) at 204-945-7473 for code.

Specimen Type: The nature of the specimen (e.g. aspirate, blood, tissue/biopsy, stool, swab, urine, sputum, serum, plasma, CSF, etc.)

Specimen Source: The anatomical location or site (e.g., throat, right leg wound, etc.) from where the specimen was taken.

1) **Test Panels [(1)]: Prenatal** (HBsAg, Rubella IgG, Syphilis, HIV 1/2 Ag/Ab Combo); **Serology STBBI** (HBsAg, HCV Ab, Syphilis, HIV 1/2 Ag/Ab Combo); **Post Exposure – Exposed** (HBsAg, HCV Ab, HIV 1/2 Ag/Ab Combo, HBsAb); **Post Exposure – Source** (HBsAg, HCV Ab, HCV Ag, HIV 1/2 Ag/Ab Combo).
2) **HIV Opt Out Box [(2)]:** When this box is checked off, HIV antibody testing will not be conducted as part of the panel.
3) **Post Exposure Panels [(3)]:** If T55 protocol is required, list T55 in the "Other" space under Reason for Test on the front of this form. The "Other" space can also be used if this testing is required due to a bite.
4) **HIV (Retrovirus) (4):** For HIV Viral Load and Genotyping, use HIV/Retrovirus Nucleic Acid Testing Requisition (MG5126).
5) **Nucleic Acid (5):** (Viral load) Send 10 mL EDTA (lavender top) whole blood (must be received within 6 hours at CPL) or EDTA plasma (stored at 2-8°C and received within 3 days at CPL). Please record on the front of this requisition the date and time of collection.

SPECIMEN COLLECTION INFORMATION

Specimen Labelling: Label specimen with patient's full name and PHIN or alternate ID.

Serology Specimen Volume Requirement: 9 mL serum separator tube (gold top, full draw), preferably spun down.

Gonorrhea Culture: Culture is the method of choice for detection of Gonorrhea in Eye, Throat, and Rectal specimens. Use a swab in charcoal transport medium for collection. Culture allows antimicrobial susceptibility testing and supports Gonorrhea surveillance activities.

Chlamydia & Gonorrhea Screen (NAAT): The Aptima Combo 2 Nucleic Acid Ampllification Test (NAAT) is used for routine screening and detection of Chlamydia and Gonorrhea.

Endocervical Swab Specimens: The cervical swab is the specimen of choice for women. Use the Aptima Unisex Swab Collection Kit.
Urine: Urine is the specimen of choice for males. It is also recommended for women without a cervix (e.g. due to hysterectomy) as well as women refusing a complete genital exam. Use the Aptima Urine Collection Kit. First void urine recommended – If this is not practicable, the patient should not have urinated for at least one hour prior to sample collection.

Extragenital Specimens: For screening of Eye, Throat and Rectal specimens, use the Aptima Unisex Swab Collection Kit.

NAAT has replaced DFA and culture as the method of choice for detection of Chlamydia. The Aptima Combo 2 Assay is now Health Canada licensed for use with Rectal and Throat specimens, but culture remains the method of choice for detection of Gonorrhea in extragenital specimens.

The following specimens are unsuitable for NAAT and will not be processed:
1) Urine or swab specimens not submitted in Aptima collection tubes;
2) Aptima tubes submitted with the foil cap missing or pierced;
3) Aptima urine tubes submitted with too much or too little liquid, the liquid level must be between the two arrows on the tube;
4) Aptima swab tubes submitted with no swab, 2 swabs, the cleaning swab (white shaft) or a swab not provided in the Aptima collection kit.

Virus Detection Specimens:
Once a specimen has been appropriately collected and the swab placed in the Universal Viral Transport (UVT) tube, it must be stored and transported to CPL at 4°C (range 2-8°C).

For detailed specimen submission requirements and rejection policy, please consult our *Guide to Services* available online at: http://www.gov.mb.ca/health/publichealth/cpl/documents.html or call 204-945-6806 to order a copy of the Guide.