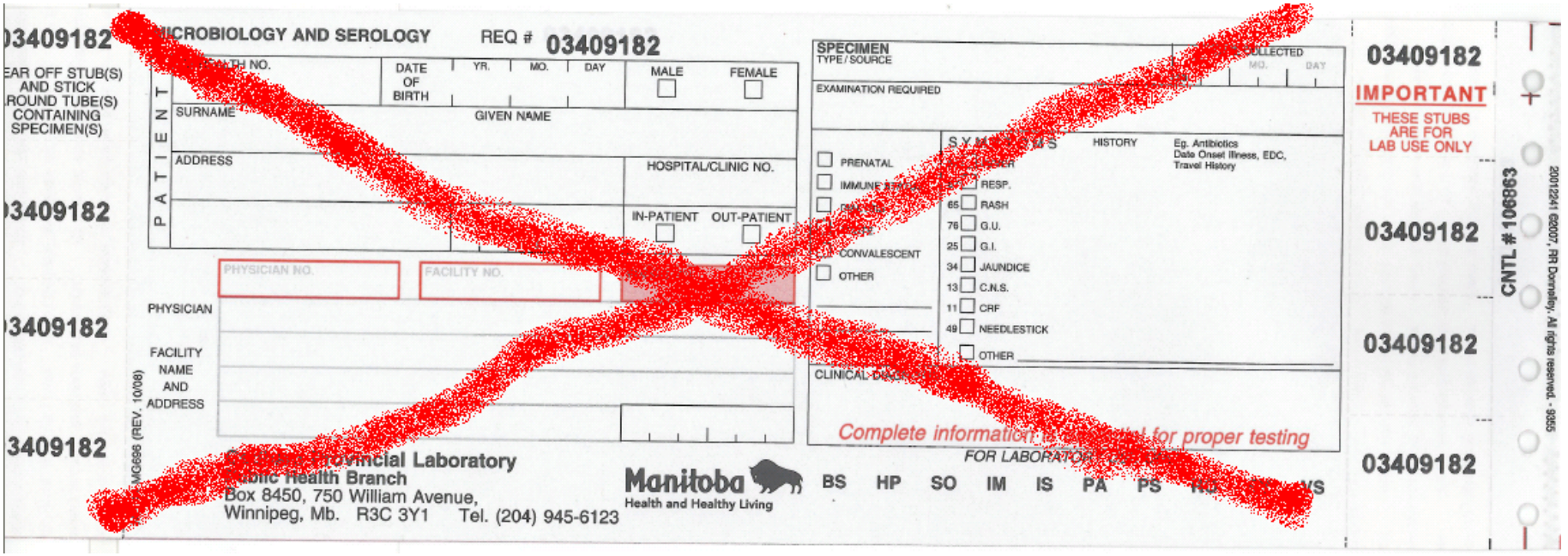
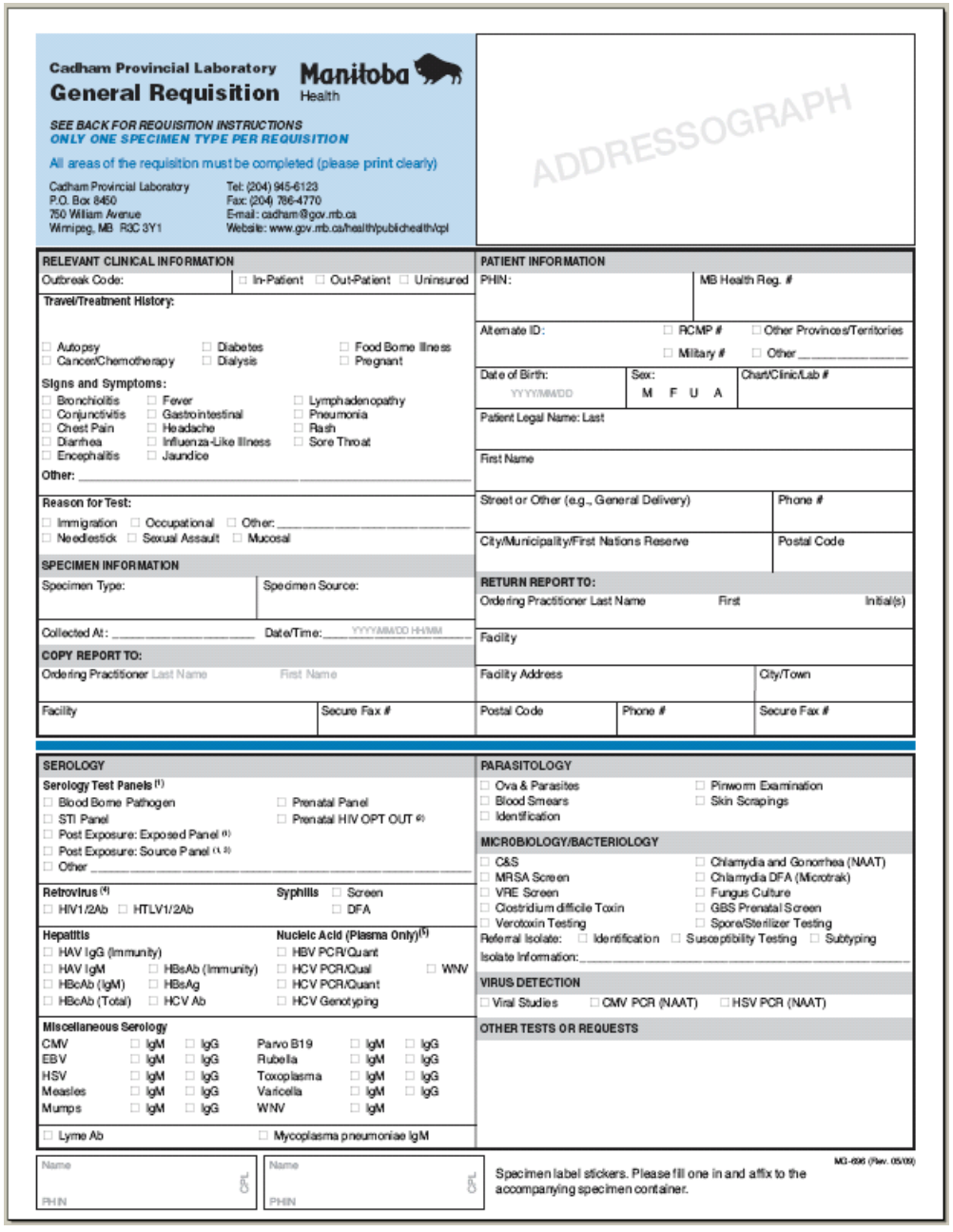
The New Cadham Provincial Laboratory Requisition

May 2010

Manitoba

Out with the Old





Cadham Provincial Laboratory
General Requisition
Manitoba Health

SEE BACK FOR REQUISITION INSTRUCTIONS
ONLY ONE SPECIMEN TYPE PER REQUISITION

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

Cadham Provincial Laboratory
P.O. Box 8450
750 William Avenue
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

ADDRESSOGRAPH

RELEVANT CLINICAL INFORMATION
Outbreak Code: ☐ In-Patient ☐ Out-Patient ☐ Uninsured
Travel/Treatment History:
☐ Autopsy ☐ Diabetes ☐ Food Borne Illness
☐ Cancer/Chemotherapy ☐ Dialysis ☐ Pregnant
Signs and Symptoms:
☐ Bronchiolitis ☐ Fever ☐ Lymphadenopathy
☐ Conjunctivitis ☐ Gastrointestinal ☐ Pneumonia
☐ Chest Pain ☐ Headache ☐ Rash
☐ Diarrhea ☐ Influenza-Like Illness ☐ Sore Throat
☐ Encephalitis ☐ Jaundice
Other: _____
Reason for Test:
☐ Immigration ☐ Occupational ☐ Other: _____
☐ Needlestick ☐ Sexual Assault ☐ Mucosal

SPECIMEN INFORMATION
Specimen Type: | Specimen Source:
Collected At: _____ Date/Time: YYYY/MM/DD HH/MM
COPY REPORT TO:
Ordering Practitioner Last Name First Name
Facility | Secure Fax #

PATIENT INFORMATION
PHIN: | MB Health Reg. #
Alternate ID: ☐ RCMP # ☐ Other Provinces/Territories ☐ Military # ☐ Other _____
Date of Birth: YYYY/MM/DD | Sex: M F U A | Chart/Clinic/Lab #
Patient Legal Name: Last
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RETURN REPORT TO:
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Facility Address | City/Town
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SEROLOGY
Serology Test Panels [1]
☐ Blood Borne Pathogen ☐ Prenatal Panel
☐ STI Panel ☐ Prenatal HIV OPT OUT [6]
☐ Post Exposure: Exposed Panel [1]
☐ Post Exposure: Source Panel [1, 2]
☐ Other _____

Retrovirus [3]
☐ HIV1/2Ab ☐ HTLV1/2Ab
Syphilis ☐ Screen ☐ DFA

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

Nucleic Acid (Plasma Only)[5]
☐ HBV PCR/Quant
☐ HCV PCR/Qual ☐ WNV
☐ HCV PCR/Quant
☐ HCV Genotyping

Miscellaneous Serology

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

☐ Lyme Ab ☐ Mycoplasma pneumoniae IgM

PARASITOLOGY
☐ Ova & Parasites ☐ Pinworm Examination
☐ Blood Smears ☐ Skin Scrapings
☐ Identification

MICROBIOLOGY/BACTERIOLOGY
☐ C&S ☐ Chlamydia and Gonorrhea (NAAT)
☐ MRSA Screen ☐ Chlamydia DFA (Microtrak)
☐ VRE Screen ☐ Fungus Culture
☐ Clostridium difficile Toxin ☐ GBS Prenatal Screen
☐ Verotoxin Testing ☐ Spore/Sterilizer Testing
Referral Isolate: ☐ Identification ☐ Susceptibility Testing ☐ Subtyping
Isolate Information: _____

VIRUS DETECTION
☐ Viral Studies ☐ CMV PCR (NAAT) ☐ HSV PCR (NAAT)

OTHER TESTS OR REQUESTS

MG-695 (Rev. 05/09)

Name | CPL | PHIN
Name | CPL | PHIN

Specimen label stickers. Please fill one in and affix to the accompanying specimen container.

In with the New

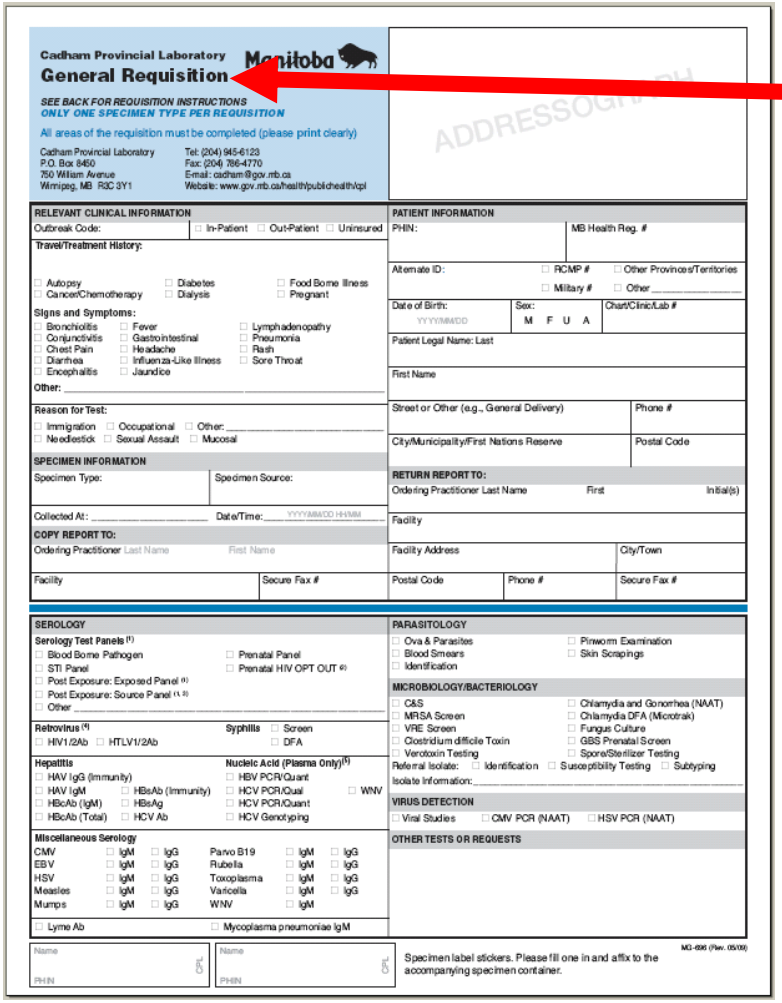
What's New?

- Larger size, different format
- Tick box menu (not all-inclusive)
- Panel requests
- No requisition number
- COPY TO: field
- Room for Addressograph
- Instructions on the back
- Outbreak Code box

General Things

- No requisition number
  - Accession number will be assigned at CPL
  - Inquiries about misplaced or outstanding reports require only PHIN or name
  - Some tracking activities will need to be adjusted
- Larger 8 ½ X 11 inch size – fits most filing systems better
- No carbon copies attached – to cut down on paper use (being scanned and electronically stored at CPL)

From the Top



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Manitoba
General Requisition

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☐ HIV1/2Ab ☐ HTLV1/2Ab
Syphilis ☐ Screen ☐ DFA

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

Nucleic Acid (Plasma Only) [5]
☐ HBV PCR/Quant
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Measles	☐ IgM	☐ IgG	Varicella	☐ IgM	☐ IgG
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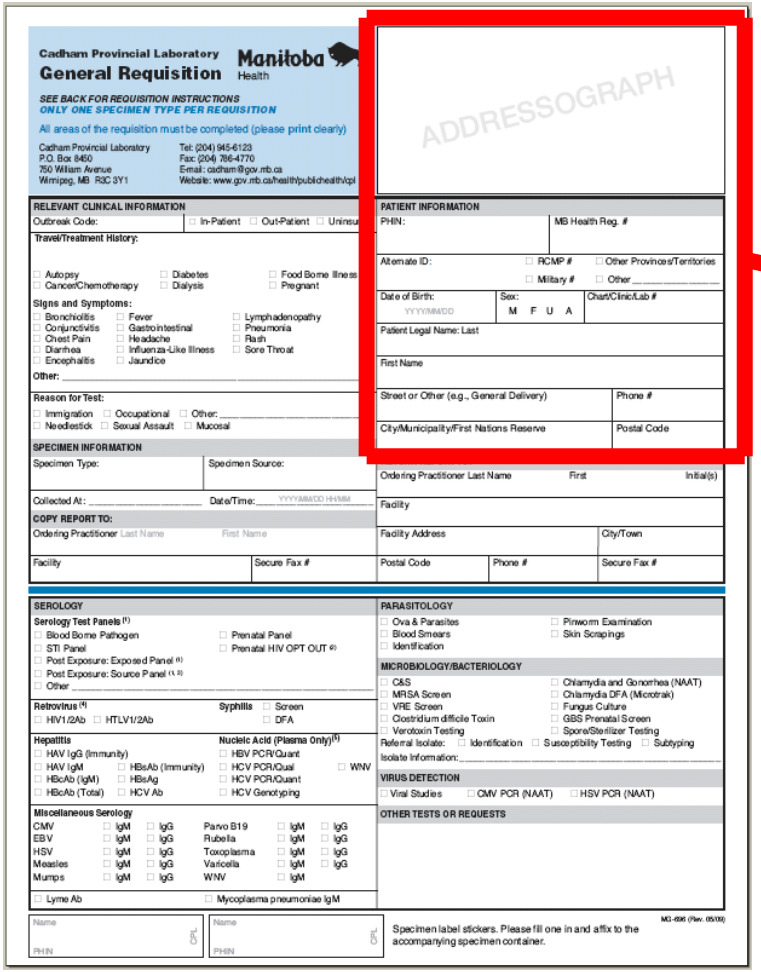
OTHER TESTS OR REQUESTS

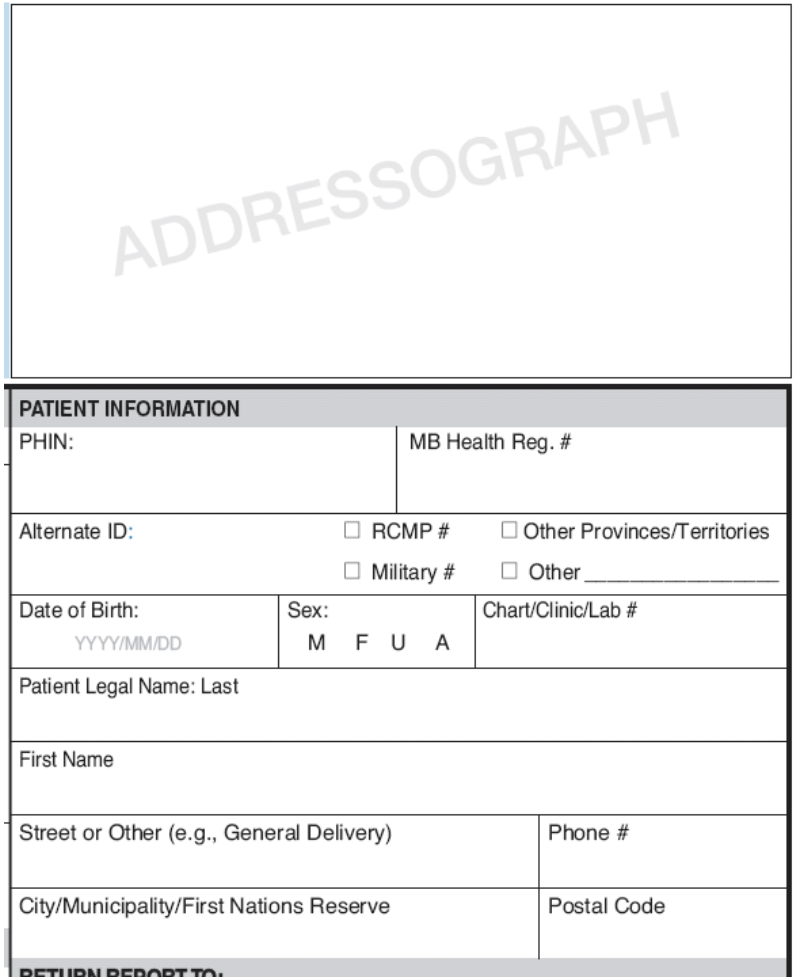
MG-696 (Rev. 05/09)

Name | PHIN | DFL
Name | PHIN | DFL

Specimen label stickers. Please fill one in and affix to the accompanying specimen container.

- Now called the “General Requisition” for some clarity
- Cadham Lab address and contacts more completely provided





PATIENT INFORMATION:

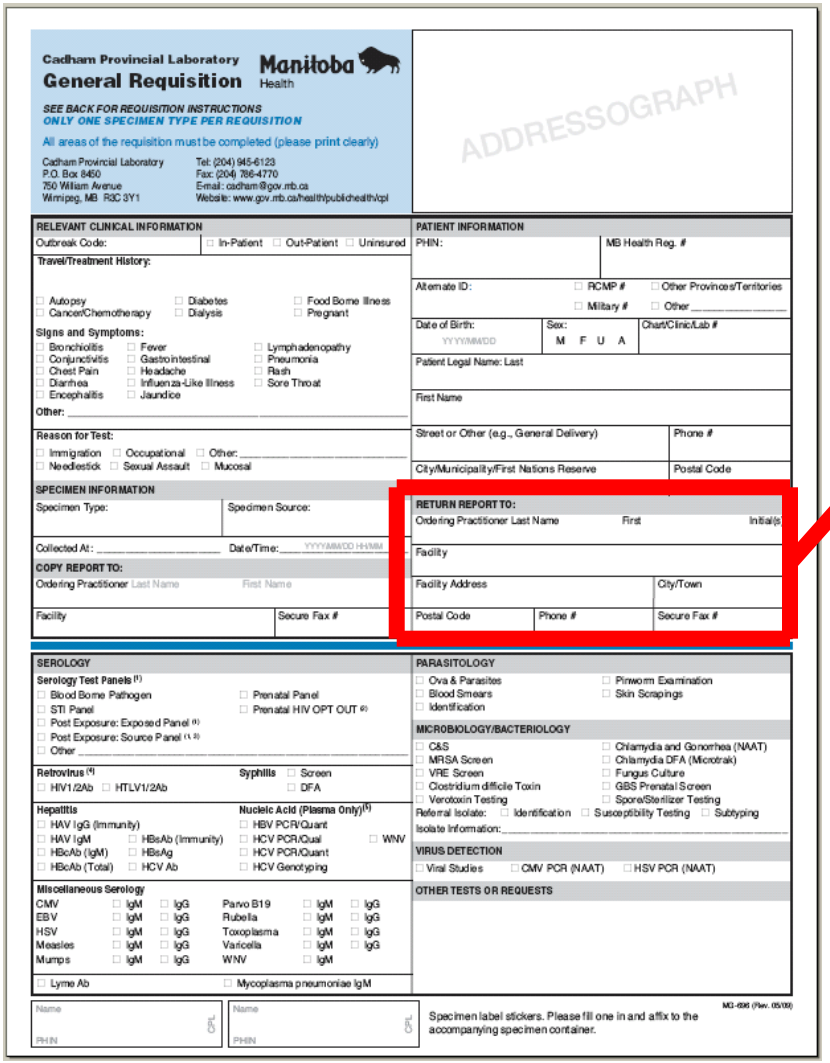
Room for Addressograph, also some interesting new demographics required for public health, in addition to the usual stuff (name, DOB, address):

- PHIN: this is now the required health number and is preferred over MH number

- ALTERNATE ID: where no Mb PHIN is available, include a federal (RCMP or military #), other province PHIN, insurance company policy # and name of company

- SEX: M-F-T-A: More than M or F? Recognizes TTT (transsexual, transgender, two-spirited) orientations and ambiguous circumstances

- PHONE #: Critical for some public health F/U



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MG-696 (Rev. 05/09)

Name | PHIN
Name | PHIN

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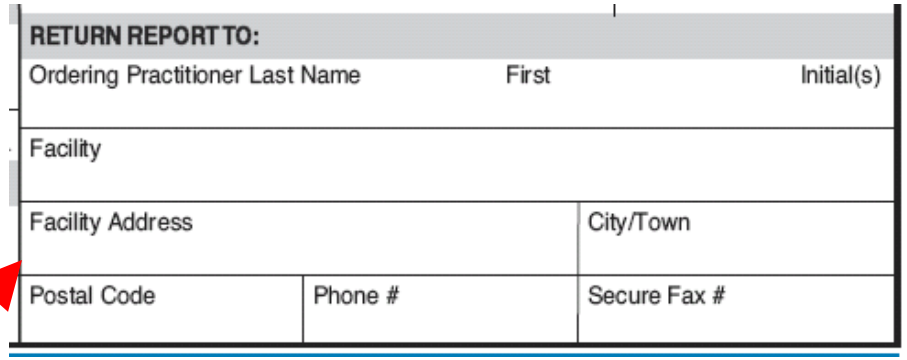
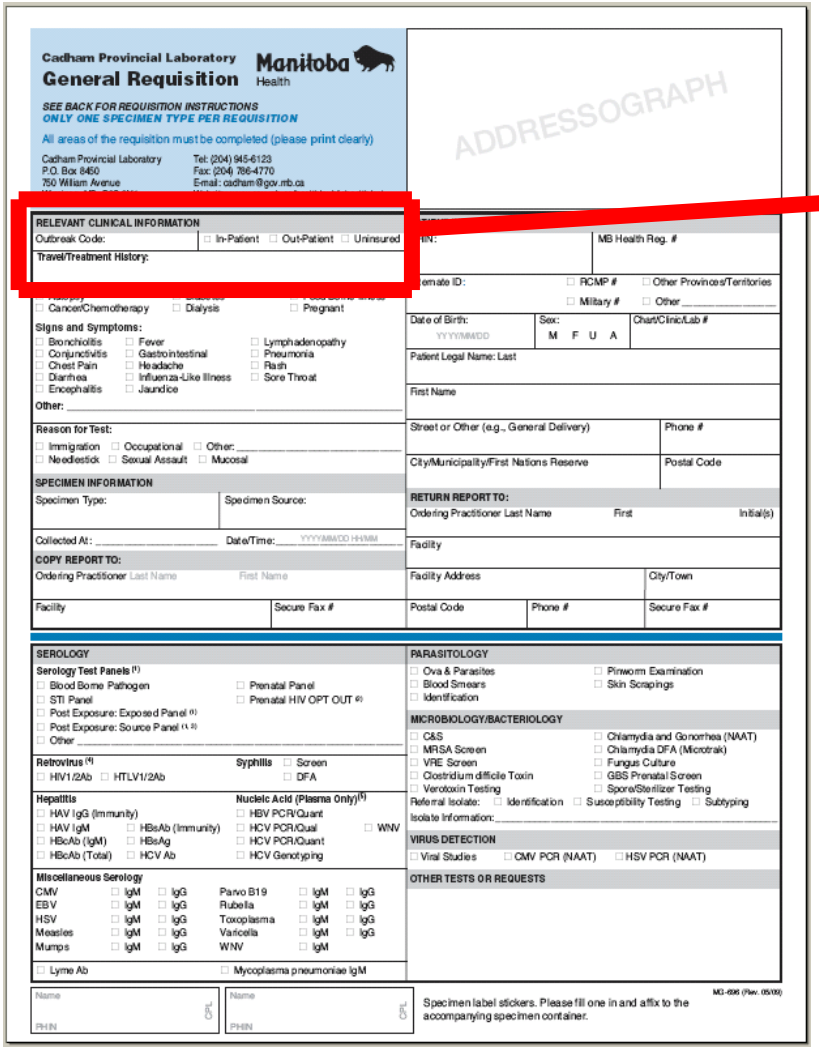


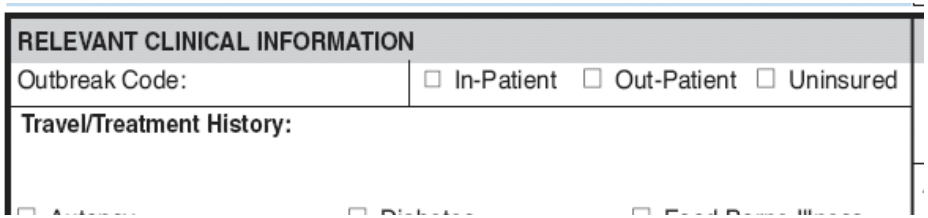
RETURN REPORT TO:

Ordering Practitioner Last Name	First	Initial(s)
Facility		
Facility Address		City/Town
Postal Code	Phone #	Secure Fax #

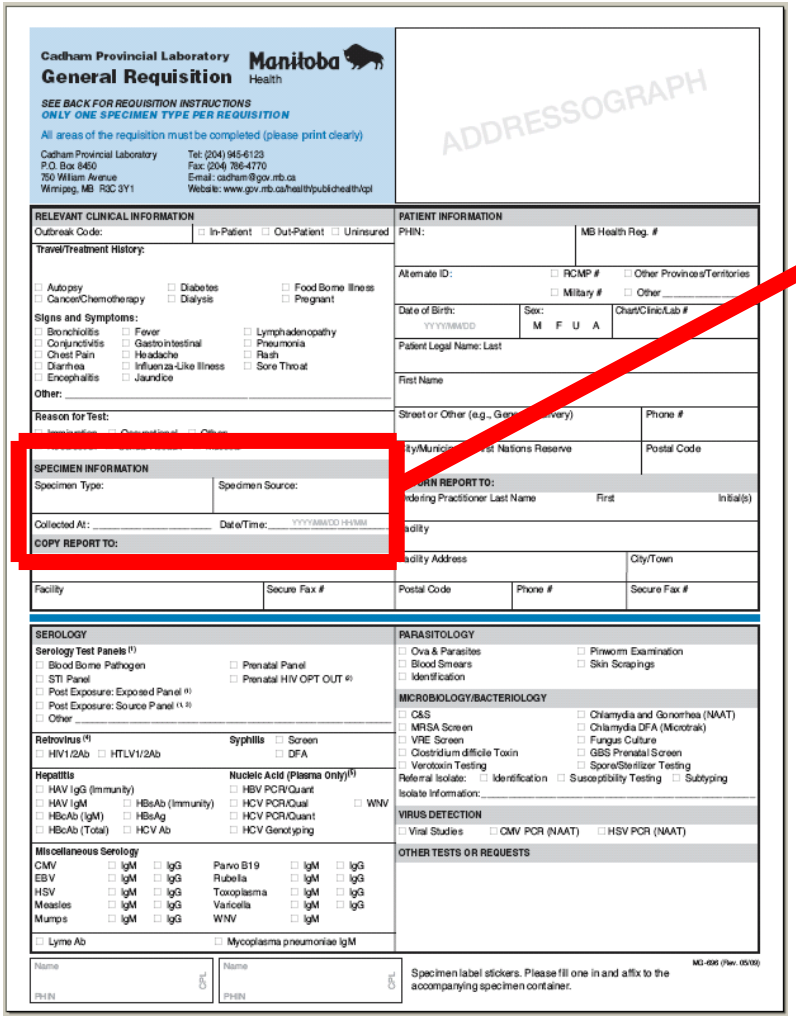
- PRACTITIONER INFORMATION:

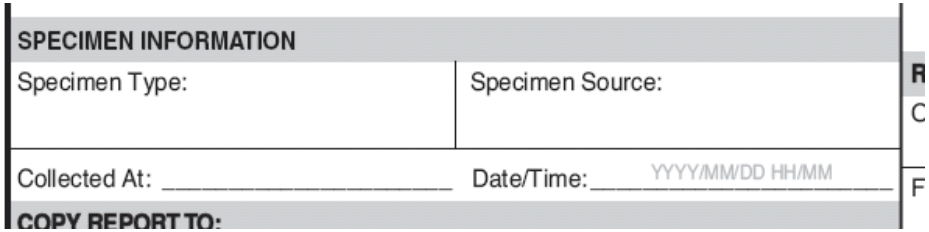
  More explicit detail required regarding the ordering practitioner and where the report must go to: emphasis on secure fax delivery



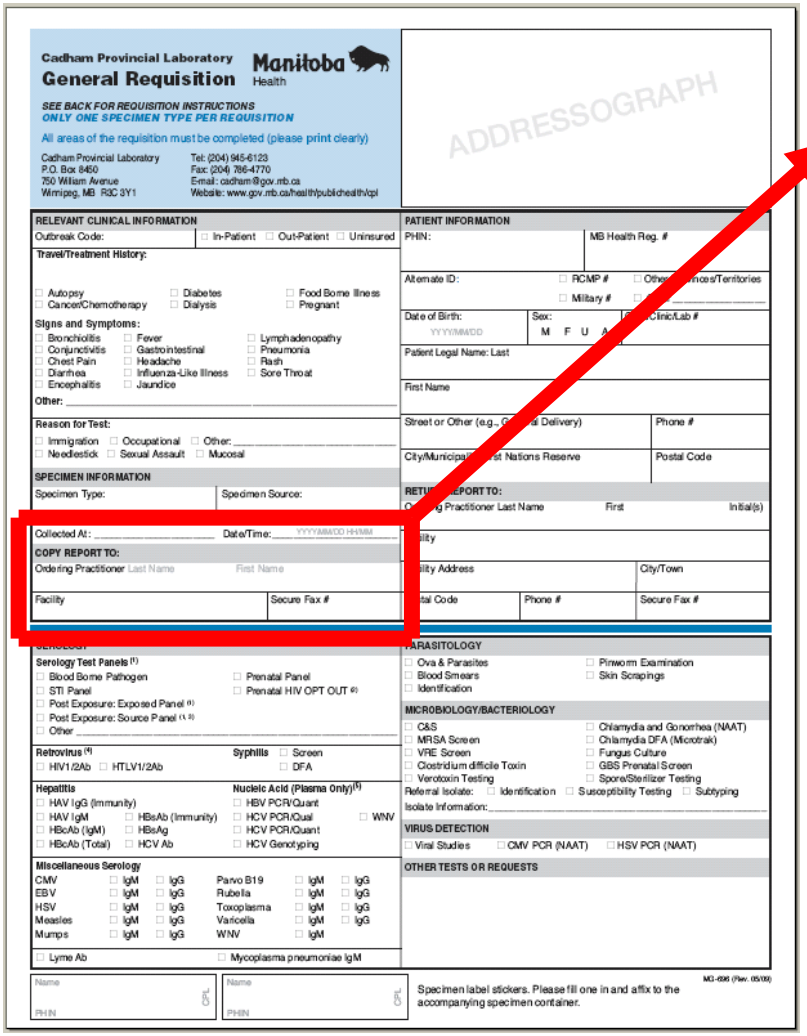


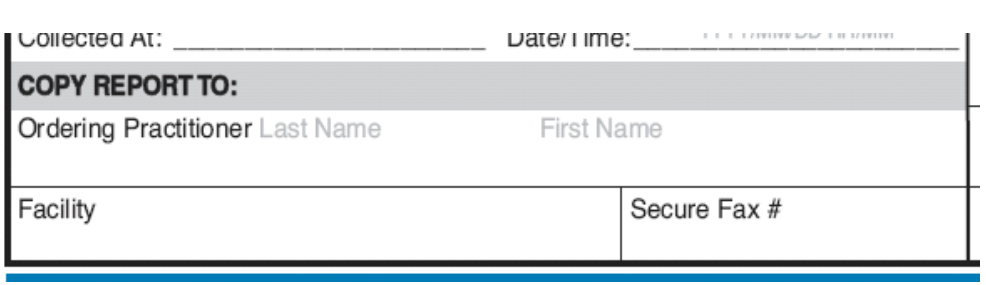
- Specific place for registered outbreak codes to be recorded
- Important detail for inpatient, outpatient and uninsured service testing





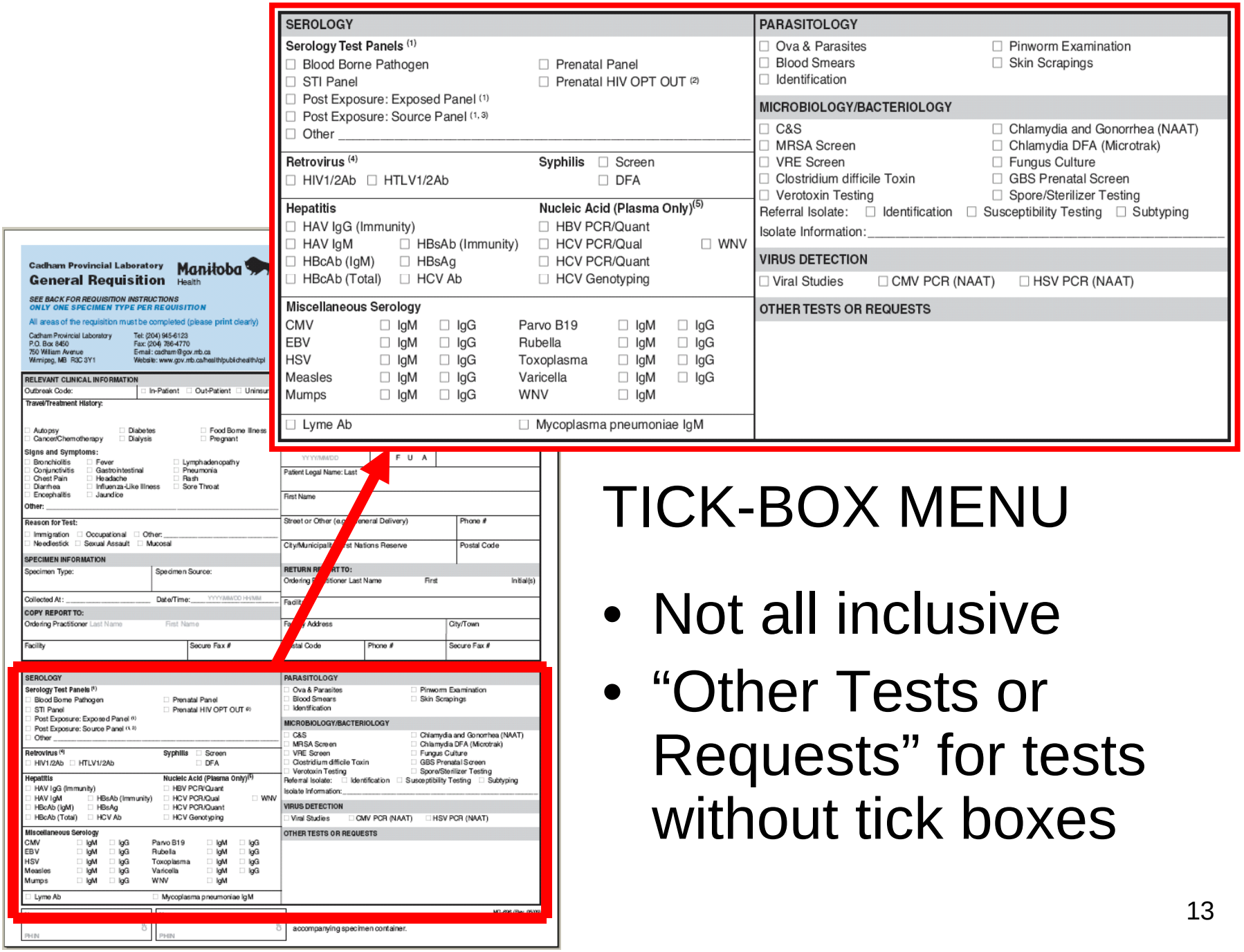
- Differentiates specimen type (e.g. swab) from source (e.g. leg wound)
- Collected at allows for some lab-to-lab reporting extra functions





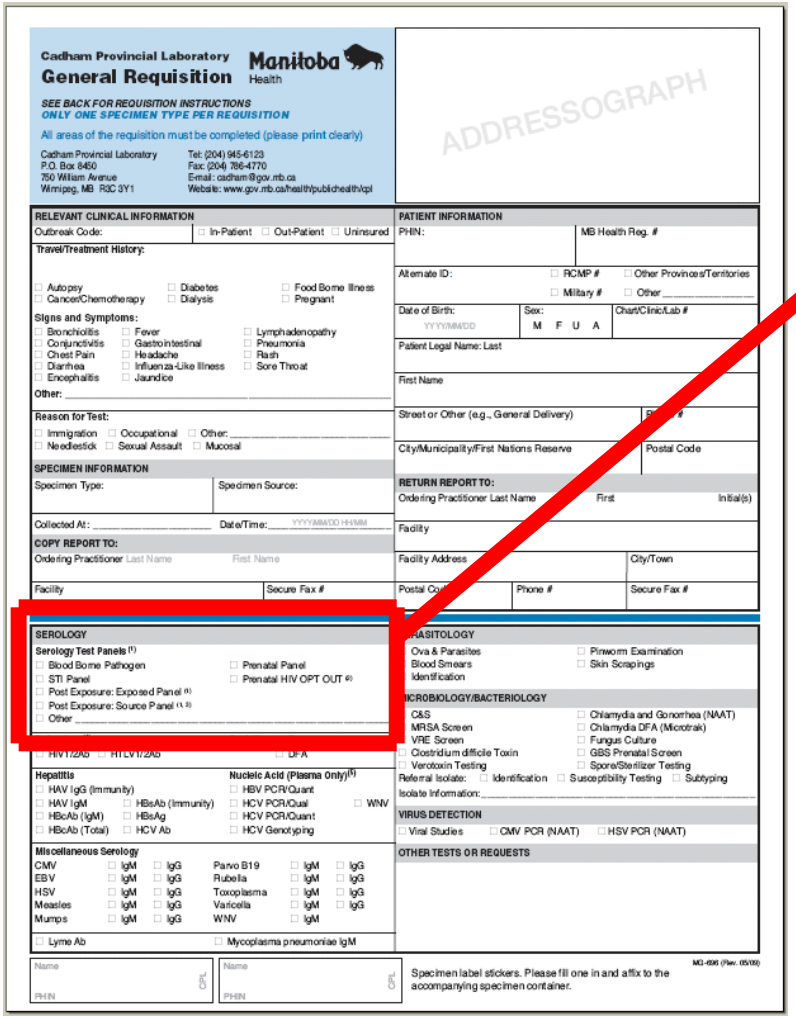
- COPY REPORT TO:

  Allows practitioners to copy the report to another practitioner involved in the care of the patient



TICK-BOX MENU

- Not all inclusive
- “Other Tests or Requests” for tests without tick boxes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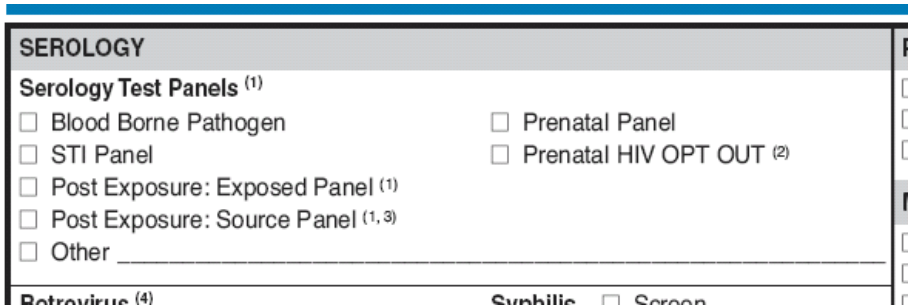
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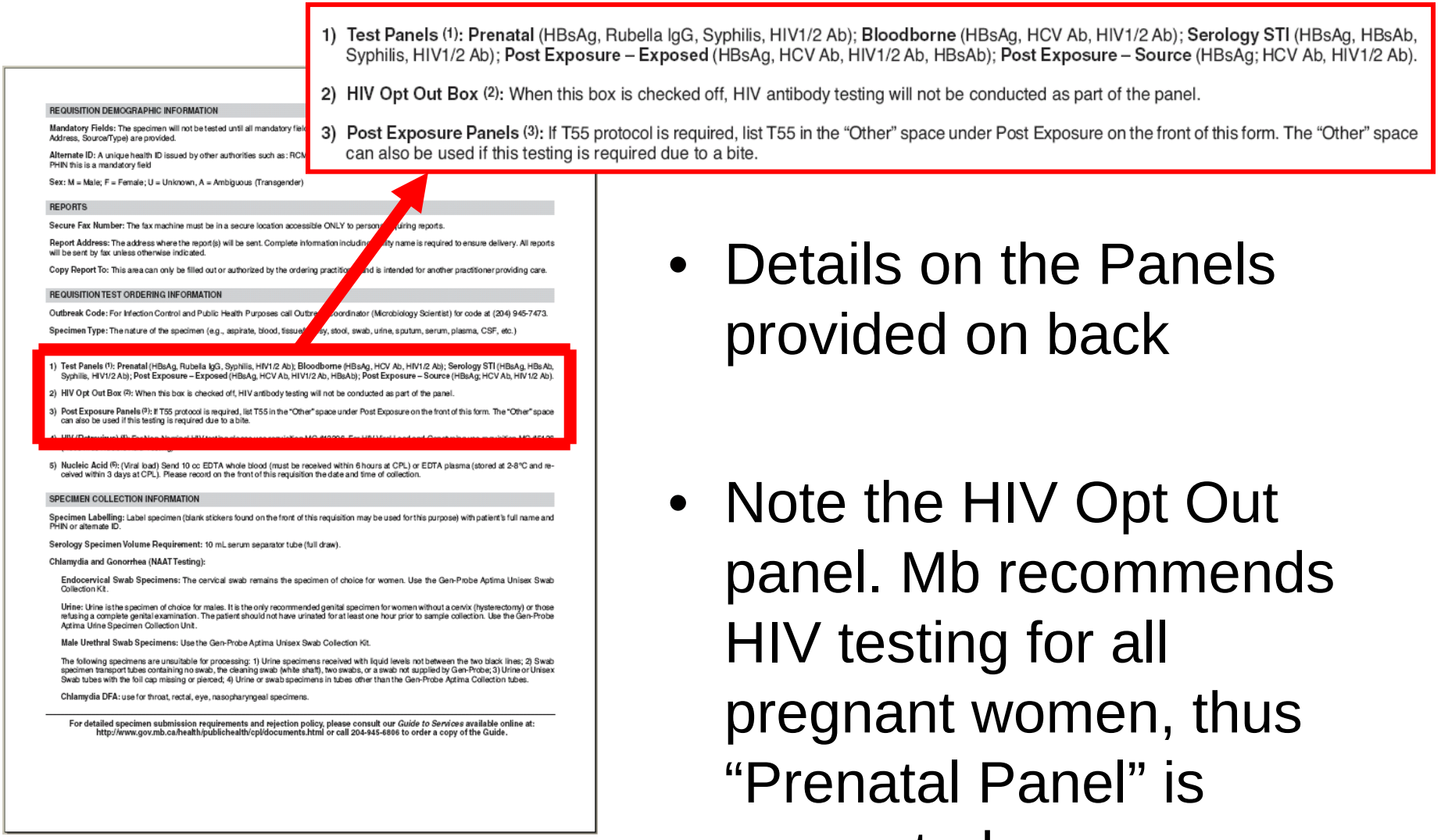
TEST PANELS

- Several panels of common combinations offered
- See back of the requisition for the details



1) **Test Panels** (1)**: Prenatal** (HBsAg, Rubella IgG, Syphilis, HIV1/2 Ab); **Bloodborne** (HBsAg, HCV Ab, HIV1/2 Ab); **Serology STI** (HBsAg, HBsAb, Syphilis, HIV1/2 Ab); **Post Exposure – Exposed** (HBsAg, HCV Ab, HIV1/2 Ab, HBsAb); **Post Exposure – Source** (HBsAg; HCV Ab, HIV1/2 Ab).

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 Post Exposure on the front of this form. The "Other" space can also be used if this testing is required due to a bite.

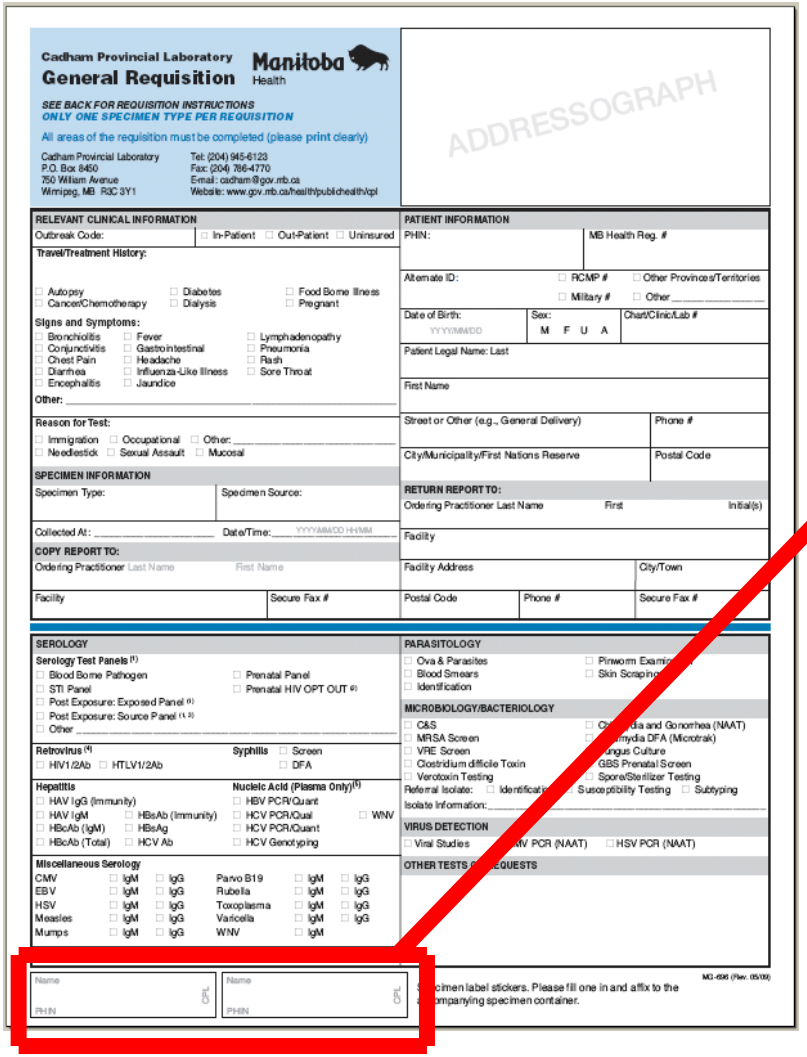
REQUISITION DEMOGRAPHIC INFORMATION

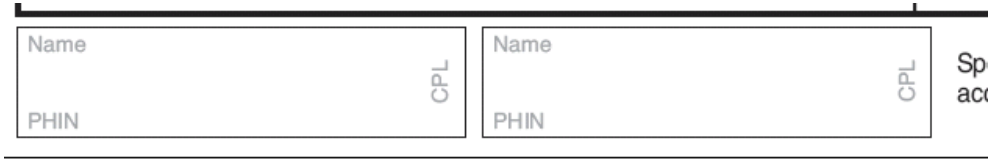
REPORTS

REQUISITION TEST ORDERING INFORMATION

SPECIMEN COLLECTION INFORMATION

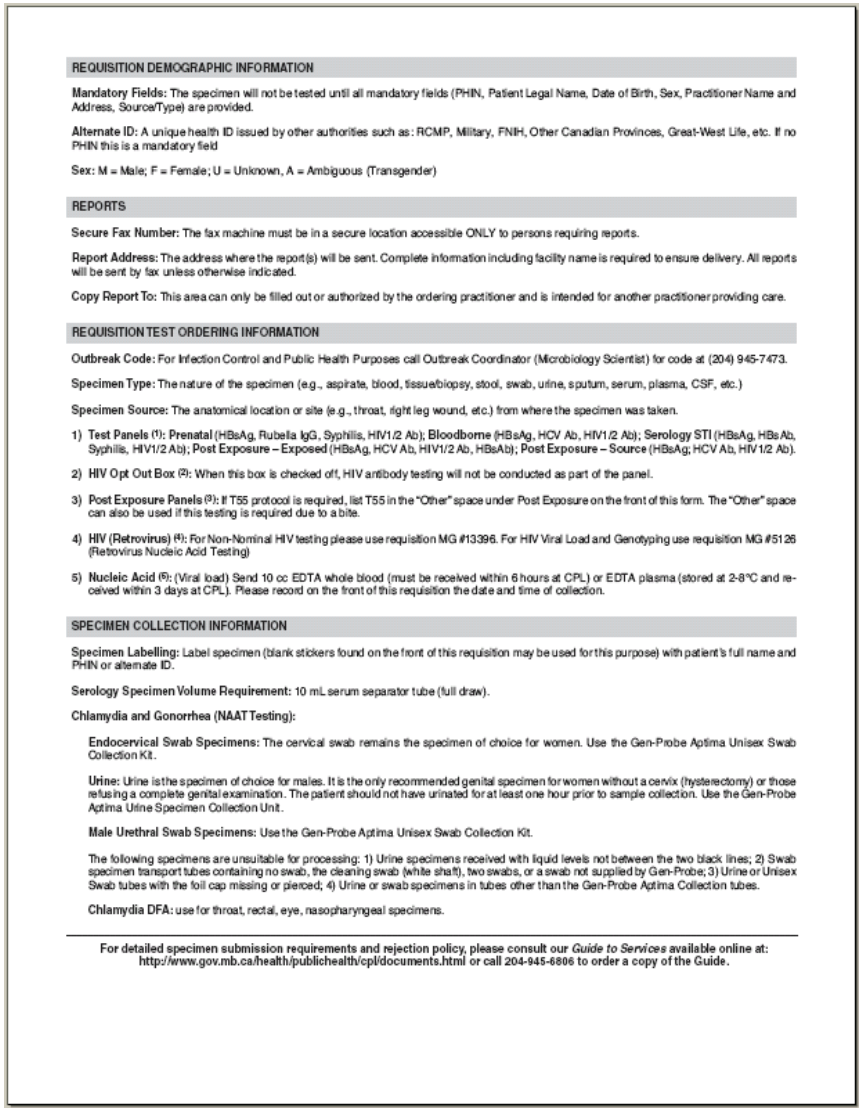
- Details on the Panels provided on back
- Note the HIV Opt Out panel. Mb recommends HIV testing for all pregnant women, thus "Prenatal Panel" is suggested.





Stickers

- Meant to aid in specimen labelling or tracking in charts or log books
- Not required that these be used if specimen already labelled



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.

Alternate ID: A unique health ID issued by other authorities such as: RCMP, Military, FNIH, 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) for code at (204) 945-7473.

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, HIV1/2 Ab); **Bloodborne** (HBsAg, HCV Ab, HIV1/2 Ab); **Serology STI** (HBsAg, HBs Ab, Syphilis, HIV1/2 Ab); **Post Exposure – Exposed** (HBsAg, HCV Ab, HIV1/2 Ab, HBsAb); **Post Exposure – Source** (HBsAg; HCV Ab, HIV1/2 Ab).

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 Post Exposure 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 Non-Nominal HIV testing please use requisition MG #13396. For HIV Viral Load and Genotyping use requisition MG #5126 (Retrovirus Nucleic Acid Testing)

5) **Nucleic Acid** (5)**:** (Viral load) Send 10 cc EDTA 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 (blank stickers found on the front of this requisition may be used for this purpose) with patient's full name and PHIN or alternate ID.

Serology Specimen Volume Requirement: 10 mL serum separator tube (full draw).

Chlamydia and Gonorrhea (NAAT Testing):

Endocervical Swab Specimens: The cervical swab remains the specimen of choice for women. Use the Gen-Probe Aptima Unisex Swab Collection Kit.

Urine: Urine is the specimen of choice for males. It is the only recommended genital specimen for women without a cervix (hysterectomy) or those refusing a complete genital examination. The patient should not have urinated for at least one hour prior to sample collection. Use the Gen-Probe Aptima Urine Specimen Collection Unit.

Male Urethral Swab Specimens: Use the Gen-Probe Aptima Unisex Swab Collection Kit.

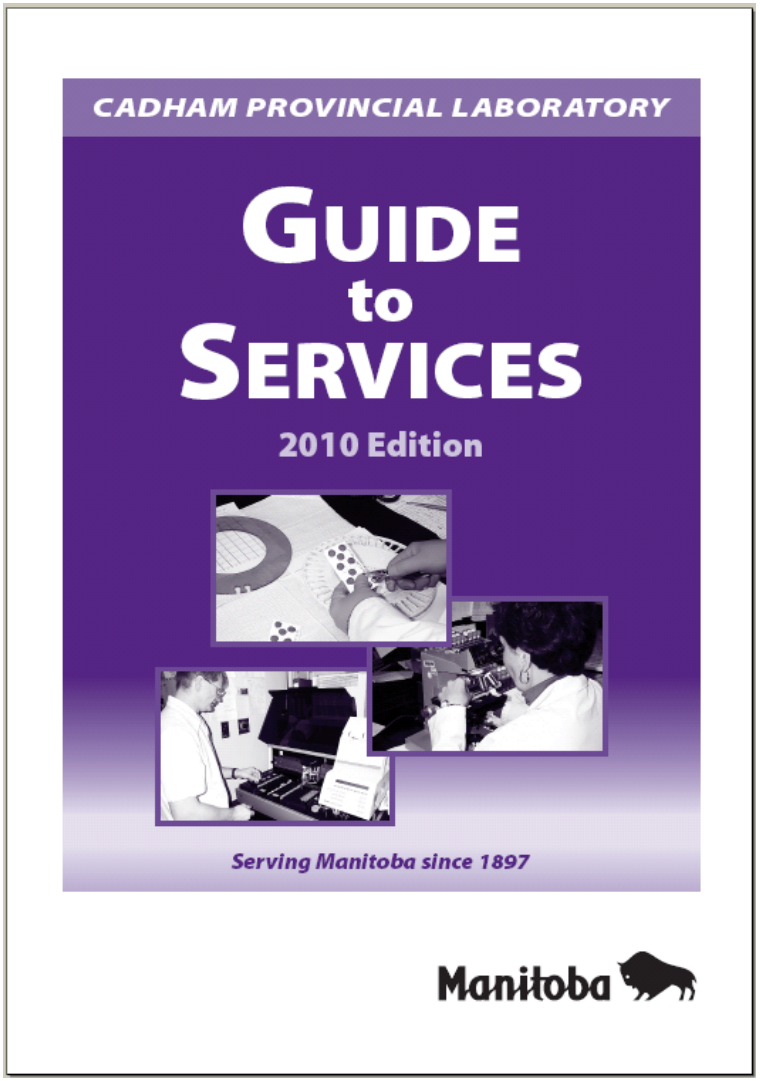
The following specimens are unsuitable for processing: 1) Urine specimens received with liquid levels not between the two black lines; 2) Swab specimen transport tubes containing no swab, the cleaning swab (white shaft), two swabs, or a swab not supplied by Gen-Probe; 3) Urine or Unisex Swab tubes with the foil cap missing or pierced; 4) Urine or swab specimens in tubes other than the Gen-Probe Aptima Collection tubes.

Chlamydia DFA: use for throat, rectal, eye, nasopharyngeal specimens.

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.

Back of Requisition

- Contains specimen collection and labelling instructions as well as requisition instructions
- If not clear…



…call us, or refer to the online Guide to Services.

Thank you