

## Clinical Microbiology Test and Requisition Changes

Change Effective: **March 1, 2021**

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### Background Information:

Shared Health Diagnostic Services (Lab) have established new testing protocols to reflect best practice and testing algorithms. This 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:

Clinical Microbiology will begin rejecting urines for routine culture when the requisition does not include clinical justification. In addition, the requisition was streamlined to combine the check boxes for yeast culture and moulds and systemic mycoses into a single box titled fungal culture. Also, the Monospot test was removed from the Clinical Microbiology requisition and now appears on the Inpatient/Outpatient Hematology requisition.

To ease the transition, urine samples for routine culture that do not include clinical justification will not be rejected until June 1, 2021 to allow care provider conversion to the new requisition.

### 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
- Provide clarity of services available to patients across the province

### Contact Information:

Dr. James Karlowsky, Medical Director, Clinical Microbiology, Shared Health, 204-237-2105,  
[jkarlowsky@sharedhealthmb.ca](mailto:jkarlowsky@sharedhealthmb.ca)

Joelle Carlson, Technical Director, Clinical Microbiology, Shared Health 204-237-2073,  
[jcarlson@sharedhealthmb.ca](mailto:jcarlson@sharedhealthmb.ca)

## Clinical Microbiology Requisition – Visual Aide

Lab use only  
1-855-888-6646

**CLINICAL MICROBIOLOGY LABORATORY TEST REQUISITION**  
*ONE SPECIMEN PER REQUISITION*

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

<b>Ordering Provider Information</b> *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: _____		<b>Patient Information (print or use addressograph)</b> *Last/First Name: (per Health Card) _____ *Date of Birth (dd/mm/yyyy) _____ *Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male *PHIN: Specify if other province/ DND _____ MRN: _____ Encounter#: _____ Patient Phone #: _____ Patient Address: _____ Demographics verified via: <input type="checkbox"/> Health Card <input type="checkbox"/> Amband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	
<b>Collection Information (fields marked with * required by person collecting sample)</b> * Collector: _____ * Date Specimen Collected: (DD) / (MM) / (YY) _____ * Time: (24 h clock) _____			
<b>Diagnosis / Relevant Clinical Information</b> <input type="checkbox"/> Pregnant <input type="checkbox"/> Animal bite <input type="checkbox"/> Human bite <input type="checkbox"/> MRSA positive <input type="checkbox"/> Necrotizing fasciitis <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Bloody stool <input type="checkbox"/> Penicillin allergy Relevant Travel History? Location: _____ Diagnostic Information: _____			
<b>Blood Cultures (two-site collection recommended for all patients &gt;27y. Includes routine bacteria and yeast; for other requests, contact the Microbiology Lab)</b> <input type="checkbox"/> Peripheral Draw – specify site: _____ <input type="checkbox"/> Central Venous/Arterial Catheter – specify site: _____ <b>Sterile Fluids:</b> <input type="checkbox"/> CSF <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Fluid – site: _____ <input type="checkbox"/> Cryptococcal antigen (check one) <input type="checkbox"/> CSF <input type="checkbox"/> Blood <input type="checkbox"/> Mycobacterial culture (AFB)		<b>Upper Respiratory Tract Specimens*</b> <input type="checkbox"/> Throat culture <input type="checkbox"/> Mouth culture (yeast only) <input type="checkbox"/> Nasal culture for S. aureus <input type="checkbox"/> Streptococcal antigen (rural sites only) <input type="checkbox"/> Pertussis PCR nasopharyngeal aspirate/swab <input type="checkbox"/> RSV antigen (nasopharyngeal aspirate/swab) – Churchill, Thompson only *For molecular viral studies, please use Cadham Provincial Laboratory requisition	
<b>Eyes and Ears</b> <b>Eyes:</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Cornea <input type="checkbox"/> Vitreous fluid <b>Ears:</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> External Canal <input type="checkbox"/> Middle ear/drainage fluid <b>Antibiotic Resistant Organisms</b> MRSA <input type="checkbox"/> Nose <input type="checkbox"/> Other (specify site): _____ CPE <input type="checkbox"/> Rectal <input type="checkbox"/> Other (specify site): _____ <b>Wounds/Skin/Abscesses/Surgical Specimens/Tissues</b> Specify site: _____ <input type="checkbox"/> Device – specify type: _____ <input type="checkbox"/> Orthopedic revision <input type="checkbox"/> Bacterial culture – aerobic <input type="checkbox"/> Bacterial culture – anaerobic <input type="checkbox"/> Fungal culture <input type="checkbox"/> Mycobacterial culture (AFB) <input type="checkbox"/> Swab <input type="checkbox"/> Tissue/biopsy <input type="checkbox"/> Ulcer <input type="checkbox"/> IV catheter tips <input type="checkbox"/> Skin scrapings <input type="checkbox"/> Aspirate <input type="checkbox"/> Bone chips		<b>Lower Respiratory Tract Specimens</b> Specimen Type/Source: _____ Test: _____ <input type="checkbox"/> Sputum expectorated <input type="checkbox"/> Sputum induced <input type="checkbox"/> ETT suction <input type="checkbox"/> Bronchial wash <input type="checkbox"/> BAL <b>Urinary Tract Specimens Routine culture (bacteria &amp; Candida spp.) will be performed only if clinical justification is provided.</b> Specimen Type/Source: _____ Clinical Justification: _____ Test: _____ <input type="checkbox"/> MSU <input type="checkbox"/> Lower UTI symptoms (e.g., urgency, frequency) <input type="checkbox"/> Suspected pyelonephritis <input type="checkbox"/> Sepsis <input type="checkbox"/> Asymptomatic patient/other <input type="checkbox"/> Pregnant <input type="checkbox"/> Renal Transplant <input type="checkbox"/> GU Surgery <input type="checkbox"/> NICU <input type="checkbox"/> Routine culture (bacteria & Candida spp.) <input type="checkbox"/> Legionella antigen <input type="checkbox"/> Other (specify): _____	
<b>Other Tests/Special Requests *Contact lab to confirm availability or to obtain approval</b> Specimen: _____ Specify Site: _____ Test(s) Specify: _____ Clinical information/test justification: _____ *HSC 204.787.1273 *The Pas 204.623.6431 ext 30160 *SBH 204.237.2484 *Thompson 204.677.5304 ext 2216 *WL 204.578.4482			
<b>Genital Tract Specimens</b> Vagina (separate swab required for each test): <input type="checkbox"/> Bacterial vaginosis/vaginal candidiasis (post-pubescent only) <input type="checkbox"/> Trichomonas <input type="checkbox"/> Culture (pre-pubescent only) Vaginal/Rectal: <input type="checkbox"/> Group B Streptococcus screen (pregnant only) N. gonorrhoeae culture: <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Other (specify site): _____ Other genital specimen for culture: <input type="checkbox"/> Vulva <input type="checkbox"/> Penis <input type="checkbox"/> Urethra <input type="checkbox"/> Labia <input type="checkbox"/> Bartholin cyst/abscess		<b>Gastrointestinal Tract Specimens</b> <input type="checkbox"/> Stool culture <input type="checkbox"/> Stool Mycobacterial culture (AFB) <input type="checkbox"/> C. difficile toxin <input type="checkbox"/> Pinworm (Westman Lab only) <input type="checkbox"/> H. pylori (biopsy culture) <input type="checkbox"/> Gastric Wash – Mycobacterial culture (AFB)	



R250-10-06 V02 Effective: TBD

### 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 for routine culture, the urine will be rejected.

### 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.

### 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**