





CLINICAL PRACTICE CHANGE

Microbiology

Date: July 28, 2017
To: All Manitoba Physicians and Healthcare Staff served by DSM Microbiology Laboratories
From: Dr. James Karlowsky, Medical Director, Clinical Microbiology, DSM
Joelle Carlson, Technical Director, Clinical Microbiology, DSM
 
Re: **Specimens Submitted to the Clinical Microbiology Laboratory Must Indicate Specimen Type and Test(s) Requested on the Accompanying Test Requisition**

A significant and increasing proportion of patient specimens submitted to DSM Clinical Microbiology Laboratories are being received with **test requisitions that do not indicate the specimen type or the test(s) to be performed**. To date, DSM Clinical Microbiology Laboratories have attempted to contact each test requester to determine the test(s) required when test requisitions are received without this information. This is an inefficient use of time for all parties. The time required and difficulty encountered in trying to contact each test requester, to determine the type of specimen and intended test(s) required for each patient specimen, has reached an unsustainable point.

Therefore, starting August 14, 2017 DSM Clinical Microbiology Laboratories will begin rejecting replaceable patient specimens (e.g., urine, swabs) received with test requisitions that do not indicate the specimen type and the test(s) to be performed. The notification of specimen rejection will be sent via the laboratory information system (LIS) **ONLY**, the test requester will **NOT** receive a phone call that the sample was submitted with incomplete specimen type and test request information. Therefore, it is imperative that this information appear on the test requisition when initially submitted.

Please note that MSU (midstream urine) is not a laboratory test order, but rather a specimen type. The test required (e.g., bacterial culture) needs to be indicated on the test requisition along with the specimen type (e.g., MSU).

A visual aid is appended to this clinical practice change that describes how to correctly complete a DSM Clinical Microbiology Laboratory test requisition.

If you have any questions or require further information, please contact Dr. James Karlowsky at 204-237-2105 or Joelle Carlson at 204-237-2073.



Clinical Microbiology Requisition – Visual Aide

Required information:
Patient Demographics:
All patient demographics must be present and legible

- Patient first/last name
- DOB
- PHIN or other unique identifier

Required information:

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

Type of urine specimen to be circled

DIAGNOSTIC SERVICES SERVICES DIAGNOSTIC
MANITOBA MANITOBA

CLINICAL MICROBIOLOGY LABORATORY TEST REQUISITION

St. Boniface Hospital
204-237-2484

PLEASE COMPLETE THE INFORMATION BELOW – PRINT CLEARLY

PHIN/Health Care Number Chart# Visit#

Patient Legal Name (Last) (First) (Initial) DOB MM YY
 Outpatient Address Outpatient Phone

Ordering Address/Location Physician Code

Report Address if Different Date Specimen Collected DD MM YY Time (24 h)

Ordering Physician/Practitioner Physician Critical Results Phone Number Collector

Diagnosis/Relevant Clinical Information:
 UTI symptoms (any of: flank pain, frequency, dysuria) Pregnant Animal bite
 Necrotizing fasciitis Immunocompromised Penicillin allergy Human bite
 MRSA positive
 Diagnostic Information:

ONE SPECIMEN PER REQUISITION ONLY

Blood: Two-site collection is recommended for all patients >27 Kg

Blood culture Site (specify) _____
 Peripheral draw Central venous/arterial catheter
 Heterophile antibody (Mono test)

Respiratory Tract Specimens

Upper Respiratory Tract
 Throat culture
 Mouth culture (yeast only)
 Nasal culture for *S. aureus*
 Pertussis PCR (nasopharyngeal aspirate/swab)

Lower Respiratory Tract (Must indicate specimen/source) Test:

Sputum expectorated Bacterial culture - aerobic
 Sputum induced Yeast culture
 ETT suction (e.g. *Candida*, *Cryptococcus*)
 Bronchial wash Moulds & systemic mycoses (e.g. *Aspergillus*, *Blastomyces*)
 BAL Mycobacterial culture (AFB) *Legionella* culture

Urinary Tract Specimens

Specimen Test:
 MSU/Catheter/Ileal Conduit Bacterial culture
 Suprapubic aspirate/Cystoscopy *Legionella* antigen
 Nephrostomy Other (specify) _____

Eyes and Ears

Left Right Test:
 Conjunctiva Cornea Bacterial culture - aerobic
 Left Right Yeast culture
 External canal Moulds & systemic mycoses (e.g. *Candida*, *Cryptococcus*)
 Middle ear drainage/fluid Moulds & systemic mycoses (e.g. *Aspergillus*, *Blastomyces*)
 Acanthamoeba culture

Antibiotic Resistant Organisms

MRSA VRE
 Nose Rectal
 Other (specify site) _____

Wounds/Skin/Abscesses/Surgical Specimens/Tissues

Swab Test:
 Tissue/Biopsy Bacterial culture - aerobic
 IV catheter tips Bacterial culture - anaerobic
 Ulcer Yeast culture
 Aspirate (e.g. *Candida*, *Cryptococcus*)
 Bone chips Moulds & systemic mycoses (e.g. *Aspergillus*, *Blastomyces*)
 Skin scrapings Mycobacterial culture (AFB)
 Device (specify type) _____

Gastrointestinal Tract Specimens

Stool culture *H. pylori* (biopsy culture)
 Clostridium difficile toxin
 Stool - Mycobacterial culture (AFB)
 Gastric wash - Mycobacterial culture (AFB)

Genital Tract Specimens

Vagina (separate swab required for each test)
 Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)
 Trichomonas vaginalis
 Culture (prepubescent only)
 Vaginal/Rectal
 Group B *Streptococcus* screen (pregnant only)
 N. gonorrhoeae culture
 Cervix Urethra Other Site (specify) _____
Other Genital Specimen for bacterial culture
 Vulva Penis Urethra Bartholin Cyst/Abscess
 Labia

Other Tests/Special Requests

CONTACT MICROBIOLOGY LAB AT 204-237-2484 TO CONFIRM AVAILABILITY OR TO OBTAIN APPROVAL
 Specimen _____
 Specify site _____
 Test(s) (specify) _____
 Clinical information/Test justification _____

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:
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.

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

***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.

Microscopy and susceptibility tests are automatically done when appropriate.

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