MICROBIOLOGY REQUISITION

Form# 12-5005

Western Health

The shaded fields are minimum required information from the ordering physician's office.

PATIENT INFORMATION

*PATIENT'S NAME AS ON HEALTH CARE CARD

*HEALTH CARE # (MCP OR OTHER INSURER)

DATE OF BIRTH (DD/MM/YY)

HEALTH CARD EXPIRY DATE (DD/MM/YY)

DIAGNOSIS/RELEVANT HISTORY

***ORDERING PRACTITIONER'S INFORMATION**

(PRINT FIRST AND LAST NAME LEGIBLY – OFFICE STAMP IS RECOMMENDED)

Locums must provide the usual provider's name and practice address

*PRACTITIONER'S SIGNATURE

* DATE OF REQUEST (DD/MM/YY)

COPY TO PROVIDER

Current Medications	Date & Time of Last Dose	Antibiotic (specify):

BACTERIAL CULTURE (C & S)

Blood *BLC*
- □ Peripheral
- □ Line/Port (specify) _____

Fluid *FLC* (site)_____
- □ Needle Aspirate
- □ Drain

□ **Peritoneal Dialysate *FLC***

CSF *FLC*
- □ Drain
- □ Shunt
- □ Lumbar Puncture

Ear Left ____ Right ____
- □ Swab ***EARCU***
- □ Aspirate ***EARCD***

Eye *EYECU* Left ____ Right ____
- □ Direct Corneal Scrapings
- □ Swab

Oral Cavity
- □ Mouth **MOUTCU**
- □ Throat (Group A Strep) ***THROCU***

Genital
- □ Obstetrics Screen ***VAGICU***
- □ Vaginal Screen for Bacterial Vaginosis, and Yeast ***VAGGS***

Gonorrhea Culture *GENICU*
- □ Cervix
- □ Urethral

Chlamydia
- □ Swab ***CTNGDP*** (site)_____
- □ Urine ***CTNGDPU***

Respiratory *RESPC*
- □ Bronchial Alveolar Lavage
- □ Bronchial Brush/Wash
- □ Sputum
- □ Tracheal Aspirate

Stool
- □ Gastrointestinal Multiplex PCR (GIPP)
- □ Ova & Parasites ***OVAP***

Urine / Urine from O.R. *URINCU*
- □ Catheter (specify) _____
- □ Midstream
- □ Cystoscopic
- □ Nephrostomy (aspirate)
- □ Suprapubic (aspirate)

TB Culture *MYCOCUP*
- □ Specify Source _____

□ **Deep Wound *WOUNCU***
(site)_____

□ **Superficial wound *SKINCU***
(site) _____

□ **Tissue *TISC***
(site) _____

SPECIFIC ORGANISM REQUESTS

- □ MRSA Screen ***MRSACU***
  (site) _____
- □ VRE Screen ***VRECU***
  (site) _____
- □ Other (organism) _____
- □ Nose ***SKINCU*** (for MSSA/MRSA only)

FUNGAL CULTURE

□ Fungal ***FUNCUP***
(site) _____

EPIDEMIOLOGY

- □ Herpes Simplex Virus ***HSVVZVDP***
  (site) _____
- □ Respiratory Virus Nasopharyngeal ***RESVIP***
- □ Bordetella Pertussis Nasopharyngeal ***BPERCU***

OTHER MICROBIOLOGY REQUESTS

Specify specimen type, test, and provide history

Testing may not be performed if the requisition is illegible, required information is missing, or the specimen is mislabeled.

DATE & TIME OF COLLECTION: _____ *INITIALS:* _____

Revised March 24, 2016