

Mandatory Information	Patient's Last Name:		Patient Location:	
	First Name:		Account #:	
	NB Medicare #:	Expiry Date:	Other Provincial Healthcare # & Province or Patient #:	
	<i>If no NB Medicare # is present, Other Patient # and Address is required</i>			
	DOB: D M Y	Sex:	Address:	
	Ordering Provider:	(First & last name, specialty)	Province:	Postal Code:
	Copies To:	(First & last name, specialty)	Recurring Frequency:	
Relevant Clinical/ Medication Information:				

**NOTE: Specimens MUST be labelled with patient's full name, Medicare number, date and time, Phlebotomist Identification**

Collection Date:	Time:	Collection Location:
Collected by:	Full Signature:	

Appointment priority  Routine  Urgent  STAT

Non-insured: Horizon Staff  Non-insured: Private Practice

<input type="checkbox"/> BK Viral Load	BKVPCR	<input type="checkbox"/> IGRA (Latent TB)	IGRA
<input type="checkbox"/> CMV - includes both IgG (Immune Status) & IgM (Recent/Acute Infection)	CMV	<input type="checkbox"/> Lyme IgG/IgM	LYME
<input type="checkbox"/> CMV Viral Load	CMVPCR	<input type="checkbox"/> MMR IgG Includes Mumps, Measles, Rubella Immune Status	MMR
<input type="checkbox"/> EBV PANEL (EBNA and EBV VCA IgG)	EBV PANEL	<input type="checkbox"/> Measles IgG (Immune Status)	MEASG
<input type="checkbox"/> EBV Viral Load	EBVPCR	<input type="checkbox"/> Measles IgM (Recent/Acute Infection)	MEASM
<input type="checkbox"/> Hepatitis A IgM (Recent/Acute Infection)	HAVM	<input type="checkbox"/> Mumps IgG (Immune Status)	MUMPSIGG
<input type="checkbox"/> Hepatitis A Total (Combined IgG and IgM)	HAVT	<input type="checkbox"/> Mumps IgM (Recent/Acute Infection)	MUMPSIGM
<input type="checkbox"/> Hepatitis B & C Screen (Hep B surface Ag, Core Ab, Anti-HCV)	HEPINF	<input type="checkbox"/> Parvovirus IgG (Immune Status)	PARVOG
<input type="checkbox"/> Hepatitis B Surface Ab (Immune status/post vaccination)	HBAB	<input type="checkbox"/> Parvovirus IgM (Recent/Acute Infection)	PARVOM
<input type="checkbox"/> Hepatitis B Surface Ag (HBsAg)	HBS	<input type="checkbox"/> Red Rash Screen "Measles Screen" Includes: IgG/IgM of Rubella, Parvovirus IgM, Measles IgM	MEAS
<input type="checkbox"/> Hepatitis B Screen (Recent/Acute Infection, Surface Ag, Core Ab)	HBV SCREEN	<input type="checkbox"/> Rubella IgG (Immune Status)	RUB
<input type="checkbox"/> Hepatitis B Viral Load	HBVLOAD	<input type="checkbox"/> Rubella IgM (Recent/Acute Infection)	RUBM
<input type="checkbox"/> Hepatitis C Screen (Anti-HCV)	HCV	<input type="checkbox"/> Strongyloides/Schistosoma IgG	STRON / SCHIST
<input type="checkbox"/> Hepatitis C Viral Load	HCVLOAD	<input type="checkbox"/> Syphilis Screen IgG	SYPH
<input type="checkbox"/> Hepatitis C Genotype	HCVTYPE	<input type="checkbox"/> Syphilis Treatment follow up - (RPR/Non treponemal)	RPRT
<input type="checkbox"/> Other Hepatitis Tests *Require relevant clinical information (specify) _____		<input type="checkbox"/> Toxoplasma IgG (Immune Status)	TOXG
<input type="checkbox"/> Herpes IgG (type 1 & 2)	HERPAB	<input type="checkbox"/> Toxoplasma IgM (Recent/Acute Infection)	TOXM
<input type="checkbox"/> HIV screen	HIV	<input type="checkbox"/> Varicella Zoster IgG (Immune Status)	VZG
<input type="checkbox"/> HIV Viral Load	HIVLOAD	<input type="checkbox"/> Varicella Zoster IgM (Recent/Acute Infection)	VZM
<input type="checkbox"/> HIV genotype (done only once)	HIVGENE	<input type="checkbox"/> West Nile Serology (includes IgG & IgM)	WESTNILE
<input type="checkbox"/> HTLV I & II	HTLV I	<input type="checkbox"/> STBBI (HCV, HBV SCREEN, HBsAB, Syphilis, HIV)	STBBI
<b>Special Requests:</b>		<b>PRENATAL WORKUP</b>	
		<input type="checkbox"/> Prenatal Blood Group and Antibody Screen	PN
		<input type="checkbox"/> 1 <sup>st</sup> Trimester Prenatal (includes CBC, Hep B Ag, Syphilis, Rubella IgG) <input type="checkbox"/> HIV <input type="checkbox"/> TSH <input type="checkbox"/> VZ (Varicella) <input type="checkbox"/> A1C <input type="checkbox"/> UR (Urine Culture)	PN1
		<input type="checkbox"/> 2 <sup>nd</sup> Trimester Prenatal (includes CBC and GDS)	PN2

**\*\*ALL INFORMATION MUST BE LEGIBLE\*\***

**BACK**

<b>Mandatory Information</b>	Patient's Last Name:				<b>If faxing, complete all Mandatory information</b>	
	First Name:					
	NB Medicare #:		Expiry Date:			Relevant Clinical / Medication Information:
	<i>If no NB Medicare # is present, Other Patient # and Address is required</i>					
	DOB: D	M	Y	Sex:		
Ordering Provider:	(First & last name, specialty)			Copies To:	(First & last name, specialty)	

<b>STERILE FLUIDS - Must Specify Source</b> <input type="checkbox"/> C&S → FLU <input type="checkbox"/> Other →			<b>RESPIRATORY</b> Throat <input type="checkbox"/> C&S TS <input type="checkbox"/> Yeast TSY <input type="checkbox"/> GC GCT Nose <input type="checkbox"/> C&S NOSE Mouth/Gum/Tongue <input type="checkbox"/> C&S MG Sputum <input type="checkbox"/> C&S SPUT <input type="checkbox"/> AFB/TB TBC <input type="checkbox"/> Mycology/Fungal MYC Bronchial Wash <input type="checkbox"/> C&S BRON <input type="checkbox"/> AFB/TB TBC <input type="checkbox"/> Mycology/Fungal MYC Influenza (includes RSV)* <input type="checkbox"/> Nose/Throat INFA <input type="checkbox"/> Nasopharyngeal swab INFA Pertussis* <input type="checkbox"/> Nasopharyngeal swab PERPCR RSV* <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Nose RSV		
<b>EYE / EAR</b> Eye C&S <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Cornea <input type="checkbox"/> Lacrymal Duct EYE <input type="checkbox"/> Left <input type="checkbox"/> Right Ear C&S <input type="checkbox"/> Outer <input type="checkbox"/> Inner <input type="checkbox"/> Middle EAR <input type="checkbox"/> Left <input type="checkbox"/> Right					
<b>WOUND / SKIN / ABSCESS / TISSUE / MISCELLANEOUS CULTURE</b> <i>Must Specify Source</i> <input type="checkbox"/> Tissue → TIS <input type="checkbox"/> Wound Swab → WOUND <input type="checkbox"/> Skin Swab → SURF <input type="checkbox"/> Abscess Swab → ABS <input type="checkbox"/> Anaerobic Swab** → ANCULT <input type="checkbox"/> Actinomyces** → ACTIN					
<b>GASTROINTESTINAL TRACT</b> Stool <input type="checkbox"/> C&S (collect in enteric transport media) STOOL <input type="checkbox"/> O&P (collect in SAF fixative) OPSCREEN Travel history: → <input type="checkbox"/> C. difficile CDT <input type="checkbox"/> Viral PCR (Noro, Rota, Adeno, Astro & Sapo viruses) NORWALK <input type="checkbox"/> Enterovirus/Coxsackie STOCOX <input type="checkbox"/> H. pylori Ag HPYLAG Pinworm <input type="checkbox"/> Paddle PW Worm <input type="checkbox"/> GI <input type="checkbox"/> Other (Specify) → WORM Schistosoma <input type="checkbox"/> Urine SCHIST			<b>GENITAL TRACT - CULTURE</b> Vaginal <input type="checkbox"/> Vaginitis/Candida VAG <input type="checkbox"/> Trichomonas TRICH <input type="checkbox"/> Mycoplasma Ureaplasma PCR* MYCOSW Vag/Rectal <input type="checkbox"/> Group B Screen GBS Cervix <input type="checkbox"/> Gonorrhea Culture CX Rectal <input type="checkbox"/> Gonorrhea Culture GCR Throat <input type="checkbox"/> Gonorrhea Culture GCT Urethra <input type="checkbox"/> Gonorrhea Culture URETH <input type="checkbox"/> Mycoplasma Ureaplasma PCR* MYCOSW		
<b>URINES</b> Culture <input type="checkbox"/> Midstream UR <input type="checkbox"/> In & Out Catheter UR <input type="checkbox"/> Indwelling Catheter UR <input type="checkbox"/> Cystoscopy UR <input type="checkbox"/> Other (Specify): → UR <input type="checkbox"/> AFB/TB TBC			<b>CHLAMYDIA &amp; GC - PCR</b> <input type="checkbox"/> Endocervix*** CHLGCEC <input type="checkbox"/> Vag*** CHLGCVAG <input type="checkbox"/> Rectal*** CHLGCR <input type="checkbox"/> Throat*** CHLGCT <input type="checkbox"/> Eye*** CHLGCE <input type="checkbox"/> Urine Send First 15-20ml of Voided Urine CHLGCUR		
<b>VIRAL - PCR</b> Herpes Swab* Source: → HERPPCR Varicella Swab* Source: → VZPCR Mumps <input type="checkbox"/> Buccal Swab* <input type="checkbox"/> Throat swab* <input type="checkbox"/> Saliva* <input type="checkbox"/> Urine MUMPCR Measles <input type="checkbox"/> Throat Swab* <input type="checkbox"/> NP swab* MEASPCRSW Measles <input type="checkbox"/> Urine MEASPCRUR Mycoplasma Pneumonia <input type="checkbox"/> Throat swab* <input type="checkbox"/> NPA <input type="checkbox"/> BAL MYCOPCR			<b>MYCOLOGY / FUNGAL CULTURE</b> <input type="checkbox"/> Skin Scraping, Source: → MYC <input type="checkbox"/> Nail scrapings MYC <input type="checkbox"/> Hair MYC		
<b>MRSA/VRE SCREEN</b> MRSA <input type="checkbox"/> Nose <input type="checkbox"/> Rectal <input type="checkbox"/> Other MRSA VRE <input type="checkbox"/> Rectal <input type="checkbox"/> Other VRE			<b>INSECT IDENTIFICATION- Not Tick</b> <input type="checkbox"/> Hair <input type="checkbox"/> Skin <input type="checkbox"/> Pubic <input type="checkbox"/> Other Specify: → INS Geographical Location / Travel History:		
			<b>TICK IDENTIFICATION</b> Use form HHN-1218 Regional Microbiology Tick Requisition INSTICK		

**OTHER / SPECIAL REQUESTS:**

Site / Specimen Type: \_\_\_\_\_

Request (Specify): \_\_\_\_\_

\*Viral Transport Media & \*\*Anaerobic swab (available from Microbiology), \*\*\*Cobas® swab sample kit (available from Central Stores, item #0151244)