

The Moncton Hospital  
**Microbiology Requisition**

Requests for Infectious Diseases Serology on the reverse

SPECIMEN COLLECTED / ÉCHANTILLON PRÉLEVÉ				
Time Heure	D/J	M/M	Y/A	Signature
Ordering Physician				
Copies To				

PATIENT LABEL / ÉTIQUETTE DU PATIENT				
Patient's Last Name Nom de Famille				
First Name Prénom				
Medicare # Numéro d'assurance maladie				
Birth Date De Naissance	D/J	M/M	Y/A	Sex Sexe
Account Number Numéro de compte				Unit # Unité
Diagnosis Diagnostic				
Medication Médicaments				

**\*\*\*NOTE: Specimens MUST be labelled with patient's full name and Medicare number; these must also appear on the requisition\*\*\***  
 Appropriate transport swab/container and/or media required

Blood / Bone Marrow Cultures	
Specimen	Test
<input type="checkbox"/> Peripheral/Venous	<input type="checkbox"/> Aer/An C&S <b>CB</b>
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Endocarditis <b>CBE</b>
<input type="checkbox"/> Central Line (specify type):	<input type="checkbox"/> Pediatric Bottle <b>CBP</b>
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> TB/Mycobacteria <b>CMYCOB</b>

Sterile Body Fluids	
Specimen	Test
<input type="checkbox"/> CSF	<input type="checkbox"/> C&S <b>CCSF</b>
	<input type="checkbox"/> Enterovirus PCR <b>EVPCR</b>
	<input type="checkbox"/> Herpes PCR <b>HERPESPCR</b>
	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Joint / Synovial Fluid	<input type="checkbox"/> C&S <b>CBF</b>
<input type="checkbox"/> Other Body Fluid (specify):	<input type="checkbox"/> In Blood Culture Bottles <b>CBBF</b>

Eyes, Ears & Sinus Specimens	
Specimen	Test
<b>EYE</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> cornea <input type="checkbox"/> external (conjunctiva)	<input type="checkbox"/> C&S <b>CEYE</b> <input type="checkbox"/> Other (specify):
<b>EAR</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> external canal <input type="checkbox"/> middle ear drainage	<input type="checkbox"/> C&S <b>CEAR</b> <input type="checkbox"/> Fungus <input type="checkbox"/> C&S <b>CENT</b>
<input type="checkbox"/> Sinus Specimens (specify):	<input type="checkbox"/> Routine C&S <b>CENT</b> <input type="checkbox"/> Other (specify):

Gastrointestinal Tract Specimens	
Specimen	Test
<input type="checkbox"/> Stool	<input type="checkbox"/> C&S <b>CS</b>
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Rota Virus Antigen <b>ROTA</b>
	<input type="checkbox"/> Clostridium difficile Toxin <b>CDIFF</b>
	<input type="checkbox"/> Ova & Parasites <b>O&amp;P</b>
	<input type="checkbox"/> H. pylori Antigen <b>HPYLA</b>
	<input type="checkbox"/> GI Virus Panel (Includes Norovirus) <b>NORPCR</b>

Urinary Tract Specimens (approved sterile container required)	
Clinical Information:	
<input type="checkbox"/> Recurrent UTI	<input type="checkbox"/> Pregnant
Specimen	Test
<input type="checkbox"/> Clean Catch/Mid-stream	<input type="checkbox"/> C&S <b>CU</b>
<input type="checkbox"/> Catheter (Indwelling)	<input type="checkbox"/> Routine + Yeast <b>CUY</b>
<input type="checkbox"/> Cystoscopy	<input type="checkbox"/> Legionella <b>LEGAG</b>
<input type="checkbox"/> In/Out Catheter	
<input type="checkbox"/> Other (specify):	

Other Specimens / Special Requests:
Site/specimens type (specify):
Request (specify):

Respiratory Specimens	
Specimen	Test
<input type="checkbox"/> Throat (GpA Antigen done if ≤ 18y)	<input type="checkbox"/> Routine for Group A strept <b>CT</b>
<input type="checkbox"/> Nose	<input type="checkbox"/> Screen for Staph aureus only <b>CN</b>
<input type="checkbox"/> Gum	
<input type="checkbox"/> Mouth	<input type="checkbox"/> Screen for Yeast or Vincents <b>GS</b>
<input type="checkbox"/> Tongue	
<b>Nasopharyngeal</b> <input type="checkbox"/> swab <input type="checkbox"/> aspirate	<input type="checkbox"/> Pertussis PCR <b>CPERT</b>
	<input type="checkbox"/> RSV PCR <b>RSVPCR</b>
	<input type="checkbox"/> Influenza PCR <b>FLUPCR</b>
	<input type="checkbox"/> Respiratory Virus PCR <b>RESPVPCR</b>
<input type="checkbox"/> Sputum	<input type="checkbox"/> Routine C&S <b>CRESP</b>
<input type="checkbox"/> Endotracheal Suction	<input type="checkbox"/> Respiratory Virus PCR <b>RESPVPCR</b>
<input type="checkbox"/> Bronchial Washing	<input type="checkbox"/> Mycobacterial /TB <b>CMYCOB</b>
<input type="checkbox"/> Bronchial Lavage	<input type="checkbox"/> Fungal Culture <b>CFUN</b>
	<input type="checkbox"/> Legionella Culture <b>CLEGION</b>
	<input type="checkbox"/> Other (specify):

Miscellaneous - Wound / Skin / Abscess / Surgical / Tissues, etc.	
Specimen	Test
<input type="checkbox"/> Wound Site description:	<input type="checkbox"/> C&S <b>CMISC</b>
	<input type="checkbox"/> Mycobacterial <b>CMYCOB</b>
	<input type="checkbox"/> Fungal Culture <b>CFUN</b>
<input type="checkbox"/> Biopsy/Surgical Specimens Site:	<input type="checkbox"/> C&S <b>CBX</b>
	<input type="checkbox"/> Mycobacterial / TB <b>CMYCOB</b>
	<input type="checkbox"/> Fungal Culture <b>CFUN</b>
<input type="checkbox"/> Catheter Tips & Sites Specimen description:	<input type="checkbox"/> C&S <b>CCATH</b>

Genital Tract Specimens	
Clinical Information:	
<input type="checkbox"/> pregnant	<input type="checkbox"/> post surgical
<input type="checkbox"/> postpartum	
<input type="checkbox"/> sexual assault	<input type="checkbox"/> other (specify):
Specimen	Test
<input type="checkbox"/> Vaginal (Dx Vaginitis)	<input type="checkbox"/> Routine Smear <b>VS</b>
	<input type="checkbox"/> Trichomonas Antigen <b>TRICHAG</b>
<input type="checkbox"/> Combined Vaginal/Rectal	<input type="checkbox"/> Group B Strep Screen (pregnant patients only) <b>CGBS</b>
<input type="checkbox"/> Endocervix	<input type="checkbox"/> GC Culture <b>CGC</b>
<input type="checkbox"/> Cervix	
<input type="checkbox"/> Voided Urine DNA only-first 15 to 20 ML voided	
<input type="checkbox"/> Other Site description:	<input type="checkbox"/> Chlamydia/GC DNA
	Both tests done together on ONE swab or voided urine <b>CHLAMGC DNA</b>



The Moncton Hospital

**Microbiology Requisition**  
**Infectious Disease Serology**

Requests for cultures on reverse

**Blood Collection Clinic F located in Ambulatory Care Centre**  
**Clinique de prélèvement sanguin F (située au Centre de soins ambulatoires)**

Open Mon-Fri 0700-1700 hours / Ouvert du lundi au vendredi de 7 h à 17 h

PATIENT LABEL / ÉTIQUETTE DU PATIENT				
Patient's Last Name Nom de Famille				
First Name Prénom				
Medicare # Numéro d'assurance maladie				
Birth Date De Naissance	D/J	M/M	Y/A	Sex Sexe
Account Number Numéro de compte				Unit # Unité

Collection Date:	Time:	By:	
Ordering Physician			<input type="checkbox"/> Pregnancy <input type="checkbox"/> Needlestick <input type="checkbox"/> exposed person <b>NEEDLEEXP</b> <input type="checkbox"/> source person <b>NEEDLESC</b> <input type="checkbox"/> Post immunization
Copies To			<b>Risk Group</b> <input type="checkbox"/> Acute hepatitis <input type="checkbox"/> Chronic carrier <input type="checkbox"/> Blood products? <input type="checkbox"/> Travel? Where <input type="checkbox"/> Immigration
Relevant Clinical Information:			
<input type="checkbox"/> <b>CMV IgG</b> (Immune Status)	<b>CMVG</b>		<input type="checkbox"/> <b>Prenatal Screen "Opt in" includes HIV</b> Includes Rubella IgG, Hepatitis BsAg, HIV & Syphilis Screen <b>PRENHIV</b>
<input type="checkbox"/> <b>CMV</b> (Recent/Acute Infection; IgG & IgM)	<b>CMV</b>		<input type="checkbox"/> <b>Prenatal Screen "Opt out" No HIV</b> Includes Rubella IgG, Hepatitis BsAg, & Syphilis Screen <b>PREN</b>
<input type="checkbox"/> <b>Herpes IgG</b> (Immune Status)	<b>HERPG</b>		<input type="checkbox"/> <b>Parvovirus IgG</b> (Immune Status) <b>PARVOG</b> <input type="checkbox"/> <b>Parvovirus</b> (Recent/Acute Infection; IgG & IgM) <b>PARVO</b>
<input type="checkbox"/> <b>HIV Serology</b>	<b>HIV</b>		<input type="checkbox"/> <b>Q Fever</b> <input type="checkbox"/> Acute Sample <input type="checkbox"/> Convalescent Sample <b>QFEVER</b>
<input type="checkbox"/> <b>Other HIV</b> - specify			<input type="checkbox"/> <b>Rubella IgG</b> (Immune Status) <b>RUBG</b> <input type="checkbox"/> <b>Rubella</b> (Recent/Acute Infection; IgG & IgM) <b>RUB</b>
<b>HEPATITIS TESTS</b>			<input type="checkbox"/> <b>Syphilis Screen</b> (EIA) <b>SYPH</b> <input type="checkbox"/> <b>Syphilis</b> (RPR) Treatment Follow-up <b>RPR-RX</b>
<input type="checkbox"/> <b>Hepatitis A IgG</b> (Immune status/ post vaccination)	<b>HAVG</b>		<input type="checkbox"/> <b>Toxoplasma IgG</b> (Immune Status) <b>TOXOG</b> <input type="checkbox"/> <b>Toxoplasma</b> (Recent/Acute Infection; IgG & IgM) <b>TOXO</b>
<input type="checkbox"/> <b>Hepatitis A</b> (IgG & IgM)	<b>HAV</b>		<input type="checkbox"/> <b>Varicella Zoster IgG</b> (Immune Status) <b>VZG</b> <input type="checkbox"/> <b>Varicella Zoster</b> (Recent/Acute Infection; IgG & IgM) <b>VZ</b>
<input type="checkbox"/> <b>Hepatitis B surface antigen</b>	<b>HBAG</b>		<input type="checkbox"/> <b>West Nile Serology</b> <b>WNSEROL</b>
<input type="checkbox"/> <b>Hepatitis B surface antibody</b> (Immune status/ post vaccination)	<b>HBAB</b>		<b>Special Requests – Please specify:</b>          
<input type="checkbox"/> <b>Hepatitis B core antibody</b>	<b>HBC</b>		
<input type="checkbox"/> <b>Hepatitis C Antibody</b>	<b>HCV</b>		
<input type="checkbox"/> Other Hepatitis tests <i>require relevant clinical information.</i> Please specify:			
<b>INFECTIOUS MONONUCLEOSIS</b>			
<input type="checkbox"/> <b>EBV Panel</b> Includes EBV VCA IgM, EBV VCA IgG, Anti EBNA	<b>EBVPAN</b>		
<input type="checkbox"/> <b>Lyme Disease Antibody Screen</b>	<b>LYME</b>		
<input type="checkbox"/> <b>Mumps IgG</b> (Immune Status)	<b>MUMPSG</b>		
<input type="checkbox"/> <b>Mumps</b> (Recent/Acute Infection; IgG & IgM)	<b>MUMPS</b>		
<input type="checkbox"/> <b>Measles IgG</b> (Immune Status)	<b>MEASLESG</b>		
<input type="checkbox"/> <b>Measles</b> (Recent/Acute Infection; IgG & IgM)	<b>MEASLES</b>		