RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Saint John Area Microbiology Requisition

All information MUST be legible

FRONT

Mandatory Information

Patient's Last Name:				**Complete MANDATORY information on requisition**	
First Name:				**Relevant Clinical/Medication Information:**	
NB Medicare #: If no NB Medicare # is present, Other Patient # and Address is required			**Expiry Date:**		
DOB:	**D**	**M**	**Y**	**Sex:**	
Ordering Provider:	(First & last name, specialty)			**Copies To:**	(First & last name, specialty)
NOTE: Specimens MUST be labelled with patient's full name, Medicare number, date and time, Phlebotomist Identification					
Collection Date:		**Time:**		**Collected by:**	

Specimen / Site	Tests
BLOOD (collect at least 2 sets)	
❒ Peripheral ❒ Line	❒ Culture (set - Aer/Ana)
❒ Site (specify):_____	❒ TB Culture
❒ Endocarditis: ❒ Yes ❒ No	❒ Other:_____
BODY FLUIDS (sterile sites)	
❒ Joint (site): _____	❒ Culture
❒ CSF	❒ TB culture
❒ Other (specify):_____	❒ Other testing:_____
GENITAL TRACT	
❒ Cervical / Endocervical	❒ CT/GC DNA ❒ GC culture ❒ Viral testing:_____
❒ Urethral	❒ GC culture ❒ Viral testing:_____
❒ Vaginal ❒ Pre-menopausal ❒ Post-menopausal ❒ Patient on HRT	❒ CT/GC DNA ❒ Culture (Nugent score) ❒ Viral testing:_____ ❒ Trichomonas
❒ Prepubescent ❒ Post surgery	❒ Culture ❒ Other:_____
❒ Vaginal / Anal	❒ Group B Strep (GBS)
❒ Labia / Vulva	❒ Culture (yeast) ❒ Viral testing:_____
GI TRACT	
❒ Faeces	❒ Stool culture ❒ C. difficile toxin ❒ Ova and Parasites ❒ Viral testing:_____ ❒ Helicobacter pylori antigen
HAIR/ / SKIN / NAILS	
❒ Hair ❒ Skin ❒ Nails Specify site:_____	❒ Fungal culture

Specimen / Site	Tests
EYES / EARS / NOSE / RESPIRATORY TRACT	
❒ Eye ❒ Lt ❒ Rt ❒ Conjunctiva ❒ Other	❒ Culture ❒ Viral testing:_____ ❒ Other testing:_____
❒ Ear ❒ Lt ❒ Rt ❒ External ear canal ❒ Other: _____	❒ Culture
❒ Nose	❒ Culture for S. aureus
❒ Nasopharyngeal ❒ Nose/Throat	❒ COVID (use COVID req) ❒ Flu / RSV ❒ Pertussis PCR ❒ Other testing:_____
❒ Sputum ❒ CF Patient ❒ Expectorated ❒ Suctioned ❒ Induced	❒ Culture ❒ Fungus culture ❒ TB culture ❒ Viral testing:_____ ❒ Other testing:_____
❒ Bronchial Wash / Lavage ❒ Lt ❒ Rt ❒ Other:_____	
❒ Throat ❒ Oral cavity:_____Site:_____	❒ Culture ❒ Other testing:_____
URINE	
❒ Midstream ❒ Indwelling catheter ❒ Straight (In/Out) catheter ❒ Cystoscopy	❒ Culture ❒ Other testing:_____
❒ First void	❒ CT/GC DNA
❒ First morning (TB)	❒ TB culture
WOUNDS / TISSUES	
❒ Swab ❒ Surface ❒ Deep wound ❒ Abscess / aspirate ❒ Tissue / biopsy ❒ Bone Specify site:_____	❒ Culture ❒ TB culture ❒ Fungus culture ❒ Viral testing:_____ ❒ Other testing:_____
PARASITES	
❒ Pinworm paddle ❒ Worm / Arthropod ❒ Tick* *Use form HHN-1218 Regional Microbiology Tick Requisition	❒ Examination/Identification

ANTIBIOTIC RESISTANT SCREENS			OTHER SPECIMENS	TEST REQUESTED
❒ Nares ❒ Rectal ❒ Other:_____	❒ MRSA culture ❒ VRE culture ❒ ESBL culture	❒ CRE culture ❒ Candida auris culture		

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Appointment Priority: ❒ Routine ❒ Urgent ❒ STAT ❒ Non-insured: Horizon Staff ❒ Non-insured: Private Practice

Mandatory Information

Patient's Last Name:				
First Name:				
NB Medicare #: If no NB Medicare # is present, Other Patient # and Address is required				**Expiry Date:**
DOB:	**D**	**M**	**Y**	**Sex:**
Ordering Provider:	(First & last name, specialty)			
Copies To:	(First & last name, specialty)			

Other Information

Patient Location:
Account #:
Other Provincial Healthcare # & Province or Patient #:
Address:
Province: **Postal Code:**
Reoccurring Frequency:

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**	

See reverse for culture requests

BLOOD SEROLOGY TESTS

❒ ASOT (anti-streptolysin O titre)

❒ Cytomegalovirus (CMV) Immune Status (IgG)
❒ Cytomegalovirus (CMV) Acute Infection (IgM and IgG)

❒ Herpes Simplex IgG (immune status) Type 1 / Type 2)

❒ HIV 1,2 Antigen/Antibody screen (HIV)

❒ Hepatitis A IgM (acute infection)
❒ Hepatitis A IgG (immune status)
❒ Hepatitis B Surface Antigen (HBsAg) (acute infection)
❒ Hepatitis B Surface Antibody (HBsAb) (immune status)
❒ Hepatitis C Antibody (HCV)
❒ Total Hepatitis B Core Antibodies (IgM and IgG)

❒ IGRA

❒ Lyme Serology

❒ Measles Immune Status (IgG)
❒ Measles Acute Infection (IgM and IgG)

❒ Mumps Immune Status (IgG)
❒ Mumps Acute Infection (IgM and IgG)

❒ Parvovirus Immune Status (IgG)
❒ Parvovirus Acute Infection (IgM and IgG)

❒ Rubella Immune Status (IgG)
❒ Rubella Acute Infection (IgM and IgG)

❒ Schistosoma Serology

❒ Strongyloides Serology

❒ Syphilis Serology (IgM and IgG)

❒ Toxoplasma Serology (IgM and IgG)

❒ Varicella Zoster (VZV) Acute Infection (IgM and IgG)
❒ Varicella Zoster (VZV) Immune Status (IgG)

BLOOD SEROLOGY PANELS

❒ Bloodborne Pathogen - includes HBsAg, HCV, HIV, Syphilis
❒ Prenatal Routine - includes HBsAg, HIV, Rubella IgG, Syphilis

❒ Needlestick / Body Fluid Exposure
- ❒ Initial Incident ❒ Employee ❒ Patient (source)
- ❒ Needle EXP (employee) - includes HBsAg, HBsAb, Total HB core, HCV, HIV, and ALT aminotransferase
- ❒ Needle SC (source) - includes HBsAg, HCV, HIV

❒ Epstein-Barr (EBV) - includes EBV VCA IgM, EBV VCA IgG, and Anti-EBNA
❒ Red Rash Screen - includes Measles IgG/IgM, Rubella IgG/IgM, Parvovirus IgG/IgM

Date of Contact: _____

Symptoms: _____

Pregnant: ❒ Yes ❒ No

❒ IRCC Panel (Immigration) - includes HBsAg, HBsAb, HIV, Syphilis

SPECIMEN REQUIREMENTS

Routine Serology Tests - 5 mL gold SST tubes

Bloodborne Pathogen, IRCC, Prenatal, Red Rash, Needle SC, and EBV panels: 1 gold tube

Needle EXP Panel - 2 gold tubes

TESTS ORDERED INDIVIDUALLY

1 tube each for HIV, HCV, HBsAg and Syphilis

Other serology tests: 1 tube per 2 tests

Viral Loads - 2 x 4 mL lavender EDTA tubes (send to laboratory immediately)

Please note: Tubes must be completely filled to avoid rejection

OTHER TESTS REQUESTS (please specify):