T.P.P. 13-1350

PCS-0696-1013

MICROBIOLOGY REQUISITION for C&S

REQ# 005115

Timmins and District Hospital
700 Ross Ave E, Timmins, ON P4N 8P2
Tel.: (705) 267-6326

Patient Information: (print or affix label)

Name (Last, First): _____

DOB (DD/MM/YY): _____ Sex (M or F): ___

Health Card #: _____

Specimen Collected:

Date (DD/MM/YY): _____ Time (24h): _____

Collected by: _____

Ordering Site/Location: _____

Ordering Physician: _____

PLEASE NOTE: ONLY ONE SPECIMEN PER REQUISITION

BLOOD AND OTHER STERILE FLUIDS

- ☐ Blood culture # _____
- ☐ CSF culture
- ☐ Dialysate Fluid
- ☐ Fluid culture (specify) _____

CLINICAL HISTORY:

- ☐ Endocarditis ☐ Fever of unknown origin
- ☐ Other (specify) _____

RESPIRATORY TRACT SPECIMENS

- ☐ Sputum (expectorated) ☐ ETT suction
- ☐ Bronchial washing ☐ Throat swab
- ☐ Mouth swab ☐ Oral Abscess swab
- ☐ Nasal swab (for N. meningitidis)
- ☐ Other (specify): _____

CLINICAL HISTORY:

- ☐ Cystic Fibrosis ☐ Other (specify): _____

EYES AND EARS

- ☐ Eye swab: ☐ Left ☐ Right
- ☐ Eye Other (specify): _____

- ☐ Ear swab: ☐ Left ☐ Right

SPECIFIC ORGANISM REQUESTS

- ☐ MDRO (MRSA/VRE) Screen (site): _____
- ☐ ESBL Screen (site): _____
- ☐ Nasal swab (for MSSA/MRSA only)
- ☐ Other (specify): _____

GENITAL

- ☐ Vaginal swab (for BV, Trichomonas, Yeast)
- ☐ Vaginal swab (for culture)
- ☐ Vaginal/Anorectal swab for Group B Strep (Prenatal)
- ☐ Cervical swab (for N. gonorrhoeae)
- ☐ Urethral swab (for N. gonorrhoeae)
- ☐ External Genital: ☐ Vulva ☐ Penis ☐ Other _____
- ☐ Other (specify): _____

URINE/STOOL

Urine: ☐ Midstream ☐ Catheter
☐ Suprapubic Aspirate ☐ Cystoscopy
☐ Other (specify): _____

CLINICAL INFORMATION:

- ☐ Pregnant ☐ Other (specify): _____

- ☐ Stool (faeces)

WOUND/SKIN/ABSCESS/SURGICAL

SITE (specify): _____

SPECIMEN:

- ☐ Swab ☐ Aspirate
- ☐ Tissue ☐ Drainage (swab or fluid)
- ☐ Catheter tip ☐ Other (specify): _____

CLINICAL INFORMATION:

- ☐ Abscess ☐ Ulcer ☐ Bite ☐ Surgical
- ☐ Superficial wound (< 1cm deep)
- ☐ Deep wound (> 1cm deep)
- ☐ Other (specify): _____

- ☐ Anaerobic Culture (must be in Anaerobic Transport Media)

LABEL w / REQ# 005115
PT Name: _____
DOB: _____

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