1 Meno Ya Win Way
P.O. Box 909
Sioux Lookout, ON
P8T 1B4
807-737-3030 x4800

SIOUX LOOKOUT
Meno Ya Win
HEALTH CENTRE

MICROBIOLOGY REQUISITION

PATIENT LOCATION:

☐ ER ☐ North Pod ☐ South Pod
☐ Maternity ☐ Prenatal Clinic
☐ **Nursing Station** _____
☐ Appt Clinic – PHCU ☐ HAC
☐ Ext Care ☐ Com Care
☐ Other _____

Addressograph

Gender: Male ○ Female ○

Prenatal: YES ○ NO ○

Antibiotic Therapy: Y / N

If "Yes", please specify:

Physician:

Clinical Diagnosis:

Date Collected:	**Time Collected:**	**Collected by:**

Type of Specimen (Source):

☐ Throat	☐ Stool	☐ Vag -BV, Yeast Or Trich
☐ Blood Culture	☐ CSF	☐ Vag /Anorectal -GrpB Strep
☐ Ear	☐ Nasal -MRSA	☐ Quick Strep
☐ Eye	☐ Rectal -MRSA/VRE	☐ Other _____

☐ Urine

Catheter: Y / N

If "Yes", please specify:

☐ Wound – Site (please specify): _____

Comments: