

**For CPL Lab
Use Only**

**Cadham Provincial Laboratory
General Requisition**



ONLY ONE SPECIMEN TYPE PER REQUISITION

All areas of the requisition must be completed (please **print** clearly)
See back for requisition/specimen instructions

Cadham Provincial Laboratory P.O. Box 8450 Winnipeg, MB R3C 3Y1
Tel: (204) 945-6123 Fax: (204) 786-4770 E-mail: cadham@gov.mb.ca Website: www.gov.mb.ca/health/publichealth/cpl

RELEVANT CLINICAL INFORMATION		PATIENT INFORMATION	
Outbreak Code:	<input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient	PHIN:	MB Health Reg. #
Reason for Test: <input type="checkbox"/> Immigration <input type="checkbox"/> Occupational <input type="checkbox"/> Other: _____ <input type="checkbox"/> Needlestick <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Pregnant <input type="checkbox"/> Immune Status		Alternate ID: <input type="checkbox"/> RCMP# <input type="checkbox"/> Other Provinces/Territories <input type="checkbox"/> Military # <input type="checkbox"/> Other: _____	
Relevant History: <input type="checkbox"/> Autopsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Borne Illness <input type="checkbox"/> Cancer/Chemotherapy <input type="checkbox"/> Dialysis <input type="checkbox"/> Transplant		Uninsured: <input type="checkbox"/> Cheque/Money Order enclosed <input type="checkbox"/> Payment to follow	
Signs and Symptoms: <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Fever <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pneumonia <input type="checkbox"/> Diarrhea <input type="checkbox"/> Influenza-Like Illness <input type="checkbox"/> Rash <input type="checkbox"/> Encephalitis <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____		Date of Birth: _____ <small>YYYY/MM/DD</small>	Sex: M F U A Chart/Clinic/Lab #
Travel/Treatment History:		Patient Legal Last Name First Name	
SPECIMEN INFORMATION		Street or Other (e.g., General Delivery) Phone #	
Specimen Type:	Specimen Source:	City/Municipality/First Nations Reserve Postal Code	
Collected at: _____	Date/Time: _____	RETURN REPORT TO:	
COPY REPORT TO:		Ordering Practitioner Last Name First name Initial(s)	
Other Practitioner Last Name First name	Facility	Facility Address City/Town	
Facility	Secure Fax #	Postal Code	Phone # Secure Fax #
		After Hours Contact # for Critical Results:	

SEROLOGY	PARASITOLOGY																																										
Serology Test Panels (see #1 over) <input type="checkbox"/> STBBI Panel <input type="checkbox"/> Prenatal Panel <input type="checkbox"/> Post Exposure: Source Panel (1,3) <input type="checkbox"/> Prenatal HIV OPT OUT (2) <input type="checkbox"/> Post Exposure: Exposed Panel (1)	<input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Skin Scrapings <input type="checkbox"/> Pinworm Examination <input type="checkbox"/> Blood Smears <input type="checkbox"/> Identification <input type="checkbox"/> Other: _____																																										
HIV (4) <input type="checkbox"/> HIV 1/2 Ag/Ab Combo <input type="checkbox"/> Syphilis Screen	MICROBIOLOGY																																										
Hepatitis <input type="checkbox"/> HAV IgG (Immunity) <input type="checkbox"/> HBcAb (Total) <input type="checkbox"/> HBsAg <input type="checkbox"/> HAV IgM (acute HAV infection) <input type="checkbox"/> HBsAb (Immunity) <input type="checkbox"/> HCV Ab	Bacteriology <input type="checkbox"/> Culture & Sensitivity (C&S) <input type="checkbox"/> C. difficile Toxin Testing <input type="checkbox"/> MRSA Screen <input type="checkbox"/> Helicobacter pylori Culture <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spore/Sterilizer Testing																																										
Nucleic Acid (Plasma Only) (5) <input type="checkbox"/> WNV PCR <input type="checkbox"/> HCV Genotyping <input type="checkbox"/> HBV PCR/QUANT <input type="checkbox"/> HCV PCR/QUANT	Gonorrhea <input type="checkbox"/> Gonorrhea Culture																																										
Miscellaneous Serology	Chlamydia & Gonorrhea Screen (NAAT) <input type="checkbox"/> Urine (APTIMA Urine Tube/Yellow) <input type="checkbox"/> Urethra (APTIMA Unisex Swab) <input type="checkbox"/> Cervix (APTIMA Unisex Swab) <input type="checkbox"/> Other: _____																																										
<table border="0"> <tr> <td></td> <td>Acute</td> <td>Immune Status</td> <td></td> <td>Acute</td> <td>Immune Status</td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>CMV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>Mumps</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>EBV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>Rubella</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>HSV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>Varicella</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Parvo B19</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Toxoplasma</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td></td> <td></td> <td></td> <td>WNV</td> <td><input type="checkbox"/> IgM</td> <td></td> </tr> </table>		Acute	Immune Status		Acute	Immune Status	Measles	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	CMV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Mumps	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	EBV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Rubella	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	HSV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Varicella	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Parvo B19	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG				Toxoplasma	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG				WNV	<input type="checkbox"/> IgM		Referral Isolate: <input type="checkbox"/> Identification <input type="checkbox"/> Susceptibility Testing <input type="checkbox"/> Subtyping Isolate Information: _____
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			WNV	<input type="checkbox"/> IgM																																							
<input type="checkbox"/> Lyme Ab <input type="checkbox"/> H. pylori Ab <input type="checkbox"/> Mycoplasma pneumoniae IgM	VIRUS DETECTION (must specify virus requested) <input type="checkbox"/> Viral Detection <input type="checkbox"/> PCR/NAAT(specify) _____																																										

OTHER TESTS OR REQUESTS

IMPORTANT: BLOOD COLLECTION SERVICES ARE **NOT** AVAILABLE AT CADHAM PROVINCIAL LABORATORY

REQUISITION DEMOGRAPHIC INFORMATION

Mandatory Fields: The specimen will not be tested until all mandatory fields (PHIN, Patient Legal Name, Date of Birth, Sex, Practitioner Name and Address, Source/Type) are provided.

Alternative ID: A unique health ID issued by other authorities such as: RCMP, Military, FNIH/ISC, Other Canadian Provinces, Great-West Life, etc. If no PHIN this is a mandatory field.

Sex: M = Male; F = Female; U = Unknown; A = Ambiguous (Transgender)

REPORTS

Secure Fax Number: The fax machine must be in a secure location accessible ONLY to persons requiring reports.

Report Address: The address where the report(s) will be sent. Complete information including facility name is required to ensure delivery. All reports will be sent by fax unless otherwise indicated.

Copy Report To: This area can only be filled out or authorized by the ordering practitioner and is intended for another practitioner providing care.

REQUISITION TEST ORDERING INFORMATION

Outbreak Code: For Infection Control and Public Health Purposes call Outbreak Coordinator (Microbiology Scientist) at 204-945-7473 for code.

Specimen Type: The nature of the specimen (e.g. aspirate, blood, tissue/biopsy, stool, swab, urine, sputum, serum, plasma, CSF, etc.)

Specimen Source: The anatomical location or site (e.g., throat, right leg wound, etc.) from where the specimen was taken.

1) Test Panels ⁽¹⁾: **Prenatal** (HBsAg, Rubella IgG, Syphilis, HIV 1/2 Ag/Ab Combo); **Serology STBBI** (HBsAg, HCV Ab, Syphilis, HIV 1/2 Ag/Ab Combo); **Post Exposure – Exposed** (HBsAg, HCV Ab, HIV 1/2 Ag/Ab Combo, HBsAb); **Post Exposure – Source** (HBsAg, HCV Ab, HCV Ag, HIV 1/2 Ag/Ab Combo).

2) HIV Opt Out Box ⁽²⁾: When this box is checked off, HIV antibody testing will not be conducted as part of the panel.

3) Post Exposure Panels ⁽³⁾: If T55 protocol is required, list T55 in the “Other” space under Reason for Test on the front of this form. The “Other” space can also be used if this testing is required due to a bite.

4) HIV (Retrovirus) (4): For HIV Viral Load and Genotyping, use HIV/Retrovirus Nucleic Acid Testing Requisition (MG5126).

5) Nucleic Acid (5): (Viral load) Send 10 mL EDTA (lavender top) whole blood (must be received within 6 hours at CPL) or EDTA plasma (stored at 2-8°C and received within 3 days at CPL). Please record on the front of this requisition the date and time of collection.

SPECIMEN COLLECTION INFORMATION

Specimen Labelling: Label specimen with patient’s full name and PHIN or alternate ID.

Serology Specimen Volume Requirement: 9 mL serum separator tube (gold top, full draw), preferably spun down.

Gonorrhea Culture: Culture is the method of choice for detection of Gonorrhea in Eye, Throat, and Rectal specimens. Use a swab in charcoal transport medium for collection. Culture allows antimicrobial susceptibility testing and supports Gonorrhea surveillance activities.

Chlamydia & Gonorrhea Screen (NAAT): The Aptima Combo 2 Nucleic Acid Amplification Test (NAAT) is used for routine screening and detection of Chlamydia and Gonorrhea.

Endocervical Swab Specimens: The cervical swab is the specimen of choice for women. Use the Aptima Unisex Swab Collection Kit.

Urine: Urine is the specimen of choice for males. It is also recommended for women without a cervix (e.g. due to hysterectomy) as well as women refusing a complete genital exam. Use the Aptima Urine Collection Kit. First void urine recommended – If this is not practicable, the patient should not have urinated for at least one hour prior to sample collection.

Extragenital Specimens: For screening of Eye, Throat and Rectal specimens, use the Aptima Unisex Swab Collection Kit.

NAAT has replaced DFA and culture as the method of choice for detection of Chlamydia. The Aptima Combo 2 Assay is now Health Canada licensed for use with Rectal and Throat specimens, but culture remains the method of choice for detection of Gonorrhea in extragenital specimens.

The following specimens are unsuitable for NAAT and will not be processed:

- 1) Urine or swab specimens not submitted in Aptima collection tubes;
- 2) Aptima tubes submitted with the foil cap missing or pierced;
- 3) Aptima urine tubes submitted with too much or too little liquid, the liquid level must be between the two arrows on the tube;
- 4) Aptima swab tubes submitted with no swab, 2 swabs, the cleaning swab (white shaft) or a swab not provided in the Aptima collection kit.

Virus Detection Specimens:

Once a specimen has been appropriately collected and the swab placed in the Universal Viral Transport (UVT) tube, it must be stored and transported to CPL at 4°C (range 2-8°C).