



DIVISION OF LABORATORY MEDICINE
Anna M. Moran M.D., Medical Director

Label Area

Name of Collector (required by law)		Requesting Physician & Contact Number
Date Collected (required by law)	Time of Collection (required by law)	Clinical Details:

M I C R O B I O L O G Y	Specimen Source (Required)					
	<input type="checkbox"/> Abscess	<input type="checkbox"/> Catheter tip	<input type="checkbox"/> Eye	<input type="checkbox"/> Peritoneal fluid	<input type="checkbox"/> Sputum	<input type="checkbox"/> Urine clean catch
	<input type="checkbox"/> Ascites	<input type="checkbox"/> Cervix	<input type="checkbox"/> Joint fluid	<input type="checkbox"/> Pleural fluid	<input type="checkbox"/> Stool	<input type="checkbox"/> Urine catheter
	<input type="checkbox"/> Aspirate	<input type="checkbox"/> CSF	<input type="checkbox"/> Lung	<input type="checkbox"/> Pus	<input type="checkbox"/> Throat	<input type="checkbox"/> Vaginal
	<input type="checkbox"/> Bone	<input type="checkbox"/> Decubitus ulcer	<input type="checkbox"/> Nares	<input type="checkbox"/> Rectal	<input type="checkbox"/> Tissue	<input type="checkbox"/> Vaginal/rectal
	<input type="checkbox"/> Bronchial brush	<input type="checkbox"/> Drainage	<input type="checkbox"/> Penis	<input type="checkbox"/> Sinus	<input type="checkbox"/> Tracheal aspirate	<input type="checkbox"/> Wound, open
	<input type="checkbox"/> Bronchial lavage	<input type="checkbox"/> Ear	<input type="checkbox"/> Peritoneal dialysate	<input type="checkbox"/> Skin	<input type="checkbox"/> Urethra	<input type="checkbox"/> Wound, closed
	Other source:			Body site:		
	Test Request					
	Blood Cultures <input type="checkbox"/> Bacterial and yeast; use Bactec vials <input type="checkbox"/> peripheral <input type="checkbox"/> line <input type="checkbox"/> Mycobacteria (TB, MAI etc.) Requires approval ; use Isolator <input type="checkbox"/> Fungus Requires approval ; use Isolator			Respiratory Tract * <input type="checkbox"/> Routine bacterial culture <input type="checkbox"/> Routine bacterial culture, CF patient <input type="checkbox"/> Fungal culture <input type="checkbox"/> Mycobacterial (AFB) culture and stain <input type="checkbox"/> Legionella PCR (also submit urine; see Urinary Tract) <input type="checkbox"/> Throat swab for Group A Streptococcus <input type="checkbox"/> MRSA screening (nasal swab only)		
Central Nervous System (CSF) <input type="checkbox"/> Bacterial Culture <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Cryptococcal antigen <input type="checkbox"/> Viral PCR (requires approval); specify virus:			<small>*Send a separate specimen and requisition form to Molecular Pathology for respiratory virus PCR (includes metapneumovirus) and CMV PCR.</small>			
Urinary Tract <input type="checkbox"/> Urine culture, high count * <input type="checkbox"/> Urine culture, low count * <input type="checkbox"/> Gram stain <input type="checkbox"/> Legionella urinary antigen <small>* Refer to Lab Tests Services for Guide for explanation</small>			Wounds, Fluids, Tissue, etc <input type="checkbox"/> Routine bacterial culture; includes gram stain if appropriate specimen <input type="checkbox"/> Anaerobe culture; includes routine (aerobic) culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Mycobacterial (AFB) culture; includes stain if appropriate sample			
Gastrointestinal Tract (Stool) <input type="checkbox"/> Clostridium difficile (fresh stool, no preservatives) <input type="checkbox"/> Enteric pathogen panel* (send in Cary Blair fecal transport vials) <small>* Includes Salmonella, Shigella, Campylobacter, Aeromonas, Plesiomonas, Vibrio, Yersinia, Shiga Toxin, Rotavirus, Norovirus</small> <input type="checkbox"/> Rotavirus only (send in Cary Blair fecal transport vial)			Ova and Parasites <input type="checkbox"/> Giemsa stain for blood parasites (Malaria) <input type="checkbox"/> Cryptosporidium/Giardia immunoassay <input type="checkbox"/> Microsporidium <input type="checkbox"/> Other ova and parasites; specify parasite or travel history:			
Genital Tract and STD testing Molecular testing: <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Trichomonas <input type="checkbox"/> Chlamydia culture <input type="checkbox"/> Gonorrhea culture <input type="checkbox"/> Group B Streptococcus (vaginal/rectal swab) <input type="checkbox"/> Gram stain for bacterial vaginosis <input type="checkbox"/> Gram stain for yeast <input type="checkbox"/> Herpes PCR			Virus Detection, specimens other than CSF* <input type="checkbox"/> Herpes PCR <input type="checkbox"/> VZV PCR (skin and soft tissue) <input type="checkbox"/> West Nile antibody (serum only) <input type="checkbox"/> Other; specify <small>* Send blood for CMV and respiratory specimens for respiratory virus and CMV PCR to Molecular Pathology</small>			
Other requests:						

Consult "Guide to Laboratory Services" for specific information. **ALL SPECIMENS MUST BE PROPERLY LABELED WITH PATIENT NAME, HOSPITAL NUMBER, DATE OF BIRTH, PHYSICIAN NAME, LOCATION, TIME OF COLLECTION AND SPECIMEN SOURCE.**

CHLAMYDIA TESTING

CHLAMYDIA - GEN PROBE (genital) - Please submit specimens collected using the swab included in the SPECIMEN COLLECTION KIT. Place swab into the transport tube provided. Tubes submitted without swabs **CANNOT** be tested. Only female endocervical and male urethral sites may be submitted for chlamydia EIA testing. Specimens from other sites should be submitted for DFA and / or cultures.

CHLAMYDIA CULTURE (extra genital sites or low prevalence populations such as infertility work-ups) - Specimens submitted for chlamydia culture must be submitted in chlamydia transport media (available in the Microbiology / Serology Laboratory, 4th Floor Gates). **DO NOT SUBMIT SPECIMENS FOR CHLAMYDIA TESTING ON SWABS WITH WOODEN SHAFTS. WOOD IS TOXIC TO CHLAMYDIA!**

MICROBIAL DETECTION

CRYPTOCOCCAL ANTIGEN - CSF specimens submitted for cryptococcal antigen testing will also be cultured for fungi.

LEGIONELLA URINE ANTIGEN - Specimens submitted for Legionella urine antigen testing should be accompanied by an appropriate respiratory specimen for Legionella culture.

VIROLOGY

CULTURE AND RAPID ANTIGEN DETECTION - Specimen source must be clearly indicated on all specimens submitted for viral culture.

All specimens submitted for viral culture - WITH THE EXCEPTION OF CSF, URINE, BLOOD, AND OTHER STERILE BODY FLUIDS must be submitted in viral transport media.

RAPID ANTIGEN DETECTION

Stool specimens submitted for Rotavirus must be submitted in clean containers that DO NOT contain media, preservatives or detergent.

Blood (buffy coat) specimens for CMV rapid antigen detection or culture **MUST** be collected in a GREEN top (heparinized) tube. Specimen should be drawn between 6 AM and 10:30 AM and delivered to the laboratory at room temperature BY 11 AM (since they must be processed within 6 hours of collection). Minimum volume is 5 ml.

ANTIBODY TITERS - Specimens for viral serology (please indicate request for titer or immune status screen) should be submitted in plain, red top tubes. Minimum volume is 2 ml. Now performed in Immunology Laboratory, 7 Founders (call X6010)