





# CLINICAL PRACTICE CHANGE

## Microbiology

**Date:** July 28, 2017  
**To:** All Manitoba Physicians and Healthcare Staff served by DSM Microbiology Laboratories  
**From:** Dr. James Karlowsky, Medical Director, Clinical Microbiology, DSM  
Joelle Carlson, Technical Director, Clinical Microbiology, DSM  
   
**Re:** **Specimens Submitted to the Clinical Microbiology Laboratory Must Indicate Specimen Type and Test(s) Requested on the Accompanying Test Requisition**

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A significant and increasing proportion of patient specimens submitted to DSM Clinical Microbiology Laboratories are being received with **test requisitions that do not indicate the specimen type or the test(s) to be performed**. To date, DSM Clinical Microbiology Laboratories have attempted to contact each test requester to determine the test(s) required when test requisitions are received without this information. This is an inefficient use of time for all parties. The time required and difficulty encountered in trying to contact each test requester, to determine the type of specimen and intended test(s) required for each patient specimen, has reached an unsustainable point.

**Therefore, starting August 14, 2017 DSM Clinical Microbiology Laboratories will begin rejecting replaceable patient specimens (e.g., urine, swabs) received with test requisitions that do not indicate the specimen type and the test(s) to be performed.** The notification of specimen rejection will be sent via the laboratory information system (LIS) **ONLY**, the test requester will **NOT** receive a phone call that the sample was submitted with incomplete specimen type and test request information. Therefore, it is imperative that this information appear on the test requisition when initially submitted.

Please note that MSU (midstream urine) is not a laboratory test order, but rather a specimen type. The test required (e.g., bacterial culture) needs to be indicated on the test requisition along with the specimen type (e.g., MSU).

A visual aid is appended to this clinical practice change that describes how to correctly complete a DSM Clinical Microbiology Laboratory test requisition.

If you have any questions or require further information, please contact Dr. James Karlowsky at 204-237-2105 or Joelle Carlson at 204-237-2073.



### Clinical Microbiology Requisition – Visual Aide

**Required information:**  
Patient Demographics:  
All patient demographics must be present and legible

- Patient first/last name
- DOB
- PHIN or other unique identifier

**Required information:**

- Location of patient (ward/nursing unit)
- Name of authorized ordering professional
- Physician 24/7 critical results contact number

Type of urine specimen to be circled

DIAGNOSTIC SERVICES SERVICES DIAGNOSTIC  
MANITOBA MANITOBA

**CLINICAL MICROBIOLOGY LABORATORY TEST REQUISITION**

St. Boniface Hospital  
204-237-2484

\*\*\*PLEASE COMPLETE THE INFORMATION BELOW – PRINT CLEARLY\*\*\*

PHIN/Health Care Number Chart# Visit#

Patient Legal Name (Last) (First) (Initial) DOB MM YY  
 Outpatient Address Outpatient Phone

Ordering Address/Location Physician Code

Report Address if Different Date Specimen Collected DD MM YY Time (24 h)

Ordering Physician/Practitioner Physician Critical Results Phone Number Collector

Diagnosis/Relevant Clinical Information:  
 UTI symptoms (any of: flank pain, frequency, dysuria)  Pregnant  Animal bite  
 Necrotizing fasciitis  Immunocompromised  Penicillin allergy  Human bite  
 MRSA positive  
 Diagnostic Information:

**ONE SPECIMEN PER REQUISITION ONLY**

**Blood:** Two-site collection is recommended for all patients >27 Kg

Blood culture Site (specify) \_\_\_\_\_  
 Peripheral draw  Central venous/arterial catheter  
 Heterophile antibody (Mono test)

**Respiratory Tract Specimens**

Upper Respiratory Tract  
 Throat culture  
 Mouth culture (yeast only)  
 Nasal culture for *S. aureus*  
 Pertussis PCR (nasopharyngeal aspirate/swab)

**Lower Respiratory Tract** (Must indicate specimen/source) Test:

Sputum expectorated  Bacterial culture - aerobic  
 Sputum induced  Yeast culture  
 ETT suction (e.g. *Candida*, *Cryptococcus*)  
 Bronchial wash  Moulds & systemic mycoses (e.g. *Aspergillus*, *Blastomyces*)  
 BAL  Mycobacterial culture (AFB)  *Legionella* culture

**Urinary Tract Specimens**

Specimen Test:  
 MSU/Catheter/Ileal Conduit  Bacterial culture  
 Suprapubic aspirate/Cystoscopy  *Legionella* antigen  
 Nephrostomy  Other (specify) \_\_\_\_\_

**Eyes and Ears**

Left  Right Test:  
 Conjunctiva  Cornea  Bacterial culture - aerobic  
 Left  Right  Yeast culture  
 External canal  Moulds & systemic mycoses (e.g. *Aspergillus*, *Blastomyces*)  
 Middle ear drainage/fluid  Acanthamoeba culture

**Antibiotic Resistant Organisms**

MRSA  Nose  VRE  Rectal  
 Other (specify site) \_\_\_\_\_

**Wounds/Skin/Abscesses/Surgical Specimens/Tissues**

Specify site:  
 Swab  Tissue/Biopsy  Bacterial culture - aerobic  
 IV catheter tips  Bacterial culture - anaerobic  
 Ulcer  Yeast culture  
 Aspirate (e.g. *Candida*, *Cryptococcus*)  
 Bone chips  Moulds & systemic mycoses (e.g. *Aspergillus*, *Blastomyces*)  
 Skin scrapings  Mycobacterial culture (AFB)  
 Device (specify type) \_\_\_\_\_

**Gastrointestinal Tract Specimens**

Stool culture  *H. pylori* (biopsy culture)  
 *Clostridium difficile* toxin  
 Stool - Mycobacterial culture (AFB)  
 Gastric wash - Mycobacterial culture (AFB)

**Genital Tract Specimens**

**Vagina (separate swab required for each test)**  
 Bacterial vaginosis/Vaginal candidiasis (post-pubescent only)  
 *Trichomonas vaginalis*  
 Culture (prepubescent only)  
**Vaginal/Rectal**  
 Group B *Streptococcus* screen (pregnant only)  
 *N. gonorrhoeae* culture  
 Cervix  Urethra  Other Site (specify) \_\_\_\_\_  
**Other Genital Specimen for bacterial culture**  
 Vulva  Penis  Urethra  Bartholin Cyst/Abscess  
 Labia

**Other Tests/Special Requests**

CONTACT MICROBIOLOGY LAB AT 204-237-2484 TO CONFIRM AVAILABILITY OR TO OBTAIN APPROVAL  
 Specimen \_\_\_\_\_  
 Specify site \_\_\_\_\_  
 Test(s) (specify) \_\_\_\_\_  
 Clinical information/Test justification \_\_\_\_\_

If a copy of a report is required for another physician, the physician's full name, location (address) and Fax number must be provided.

**Required information:**  
Date, time and initials of individual collecting sample must be provided.

All information available in relation to the patient as outlined in this section must be entered as this information will be used by the laboratory to determine how the sample is processed. Failure to provide such information may result in sub optimal sample workup.

**Required information:**  
Test orders: Check off all tests as clinically ordered.

- Use one requisition per sample only
- Place an "X" in the box that describes the specimen being sent and the test being ordered

\*\*\*Failure to clearly indicate the specific test(s) being requested will result in testing delays and potentially in sample rejection and the necessity for recollection of a new sample.

**Note:** C&S is a term no longer used. The term "Bacterial culture-aerobic" in the test request area on the requisition is synonymous with C&S.

**Microscopy and susceptibility tests are automatically done when appropriate.**

**Label for Specimen:**  
Labels for specimens can be separate adhesive labels which have been addressographed. If completed manually, minimum information that must be provided includes:

- Patient last name, first name
- PHIN # or equivalent
- Specimen source