

**Benefits of providing COMPLETE and LEGIBLE information:**

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

**Patient Identification MUST include:**

- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth

**Failure to supply required information will lead to delays in service**

LABORATORY REQUISITION FORM

MOLECULAR MICROBIOLOGY

Collection/Patient Information sections MUST be FULLY completed

Print first and last name

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female

Ward/ Location: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_  
*First and last name*

Copy report to: \_\_\_\_\_

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Collected by: \_\_\_\_\_

**Clinical Information**  Immunocompromised  Prenatal  Outbreak # \_\_\_\_\_

**Other Clinical Information:** \_\_\_\_\_

MUST Indicate if Applicable

PLEASE SUBMIT ONE TYPE PER REQUISITION – TEST CODES FOR LABORATORY USE ONLY

eg For Immunity only

SEROLOGY (Serum Antibody Tests)		
Tiger Top specimen required		
EBVGL <input type="checkbox"/> Epstein Barr Virus (EBV)	RUBG <input type="checkbox"/> Rubella IgG	<b>CMV (IgG &amp; IgM)</b> <b>Hepatitis Serology (Hep A; Hep B; Hep C)</b> <b>Use the following requisitions:</b> Inpatients: PHLEBOTOMY #101062 Outpatients: COMMUNITY #101064 Send samples to <b>Chemistry</b> .
HSV1L, HSV2L <input type="checkbox"/> Herpes Virus (HSV) 1 & 2 IgG	RUBM <input type="checkbox"/> Rubella IgM	
VMONO <input type="checkbox"/> Monospot (Monotest)	TOXG <input type="checkbox"/> Toxoplasma IgG	
MYC <input type="checkbox"/> Mycoplasma pneumoniae IgM	TOXM <input type="checkbox"/> Toxoplasma IgM	
B19GL <input type="checkbox"/> Parvovirus B19 IgG	VARGL <input type="checkbox"/> Varicella (VZV) IgG	
B19ML <input type="checkbox"/> Parvovirus B19 IgM		

**MOLECULAR and ANTIGEN DETECTION**  
 Performed on specimen types indicated

Serum (Tiger Top)	Cerebrospinal Fluid	Respiratory	Feces
<b>Please do not spin tube</b> Only for transplants and/or immunocompromised  BKPCR <input type="checkbox"/> BK / JC Virus WNPCR <input type="checkbox"/> West Nile Virus (WNV)	BKPCR <input type="checkbox"/> BK / JC Virus EVPCR <input type="checkbox"/> Enteroviruses/ Parechovirus CMPCR <input type="checkbox"/> Cytomegalovirus  VZPCR <input type="checkbox"/> Herpes Virus (HSV) <input type="checkbox"/> Varicella Virus (VZV)	Specify specimen type: <input type="checkbox"/> Nasopharyngeal Aspirate <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Throat Swab <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Bronchoscopy (Specify lobe):  BMPCR <input type="checkbox"/> Bordetella pertussis & parapertussis <input type="checkbox"/> Mycoplasma pneumonia (Atypicals)	CDIFF <input type="checkbox"/> Clostridium difficile EVPCR <input type="checkbox"/> Enteroviruses/ Parechovirus NVPCR <input type="checkbox"/> Norovirus ROTA <input type="checkbox"/> Rotavirus antigen
<b>Plasma (Lavender EDTA)</b> <b>Please do not spin tube</b> <b>Viral Load Tests – Only for transplants and/or immunocompromised</b> <b>Note: A separate EDTA tube must be submitted for each viral load test listed below.</b>  CQPCR <input type="checkbox"/> Cytomegalovirus (CMV) Viral Load EBCPC <input type="checkbox"/> Epstein Barr Virus (EBV) Viral Load	<b>Eye</b> Specify specimen type: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Aqueous <input type="checkbox"/> Vitreous <input type="checkbox"/> Corneal Scraping <input type="checkbox"/> Conjunctiva Swab  ADPCR <input type="checkbox"/> Adenovirus <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Herpes Virus (HSV) ACPCR <input type="checkbox"/> Acanthamoeba	LCPCR <input type="checkbox"/> Chlamydia pneumoniae (Atypicals) <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Legionella pneumophila  CMPCR <input type="checkbox"/> Cytomegalovirus  EVPCR <input type="checkbox"/> Enteroviruses/ Parechovirus  VCULT <input type="checkbox"/> Respiratory Viruses	<b>Urine</b> CMPCR <input type="checkbox"/> Cytomegalovirus BKPCR <input type="checkbox"/> BK / JC Virus  <b>Skin / Oral / Genital</b> VZPCR <input type="checkbox"/> Herpes Virus <input type="checkbox"/> Varicella Virus Specify Site:  <b>Other tests (Also indicate specimen type):</b>