

GI Outbreak Specimens– Viral

1
Requesting physician is the resident's Dr. or NP

2
Copy to Dr. J. Hasselback and the LTC home

3
Collection date and time

Saskatchewan Health Authority

DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
MOLECULAR MICROBIOLOGY/VIROLOGY REQUISITION

Requesting physician: _____ (First and last name)

copy of report to: _____

Please submit a SEPARATE REQUISITION for each SPECIMEN TYPE.

Collection date: _____ Collection time: _____ Collected by: _____

Clinical information: Immunocompromised Prenatal Outbreak # _____

Other clinical information: _____

4
Resident demographics

5
Include Outbreak # written as: **SKHR-20xx-xxx**

6
Check Off Norovirus & Rotavirus

SEROLOGY (Serum Antibody Tests) – Serum separator specimen required

<input type="checkbox"/> Epstein Barr Virus (EBV)	<input type="checkbox"/> Rubella IgG	For CMV serology and Hepatitis A, B, & C serology – send specimen to CHEMISTRY using the following requisitions: • Inpatients: PHLEBOTOMY (Form #101062) • Outpatients: COMMUNITY (Form #101064)
<input type="checkbox"/> Herpes Virus (HSV) 1 & 2 IgG	<input type="checkbox"/> Rubella IgM	
<input type="checkbox"/> Monospot (Monotest)	<input type="checkbox"/> Toxoplasma IgG	
<input type="checkbox"/> Mycoplasma pneumoniae IgM	<input type="checkbox"/> Toxoplasma IgM	
<input type="checkbox"/> Parvovirus B19 IgG	<input type="checkbox"/> Varicella (VZV) IgG	
<input type="checkbox"/> Parvovirus B19 IgM		

MOLECULAR (PCR) and ANTIGEN TESTS – Performed on specimen types indicated

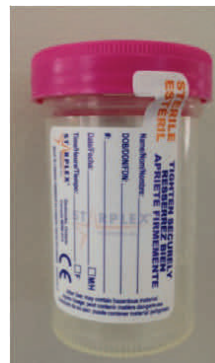
<p>Respiratory</p> <input type="checkbox"/> Nasopharyngeal aspirate (NPA) <input type="checkbox"/> Nasopharyngeal swab (NPS) <input type="checkbox"/> Throat swab <input type="checkbox"/> Tracheal aspirate (TA) <input type="checkbox"/> Bronchial lavage (BAL) (Specify lobe _____) <small>NOTE: Indicate above in Clinical Information if this is an outbreak</small> <input type="checkbox"/> Respiratory Virus Screen <p>Other available tests:</p> <input type="checkbox"/> Enteroviruses <input type="checkbox"/> Atypical bacteria (Mycoplasma, Chlamydia) <input type="checkbox"/> Pertussis bacteria (B. pertussis, B. paraptussis) <input type="checkbox"/> Legionella (Only for BAL or TA) <input type="checkbox"/> Cytomegalovirus (CMV) (Only if immunocompromised)	<p>Cerebrospinal Fluid</p> <input type="checkbox"/> Herpes & Varicella viruses (HSV-1 & 2, VZV) <p>Other available tests:</p> <input type="checkbox"/> BK and JC viruses <input type="checkbox"/> Enteroviruses <input type="checkbox"/> Cytomegalovirus (CMV) <p>Eye <input type="checkbox"/> Right <input type="checkbox"/> Left</p> <input type="checkbox"/> Aqueous <input type="checkbox"/> Vitreous <input type="checkbox"/> Corneal scraping <input type="checkbox"/> Conjunctiva swab <input type="checkbox"/> Virus eye panel (Adenovirus, Herpes virus, Chlamydia trachomatis) <input type="checkbox"/> Cytomegalovirus (CMV) <input type="checkbox"/> Acanthamoeba	<p>Feces</p> <small>NOTE: Indicate above in Clinical Information if this is an outbreak</small> <input type="checkbox"/> Clostridium difficile <input type="checkbox"/> Enteroviruses <input type="checkbox"/> Norovirus <input type="checkbox"/> Rotavirus antigen <p>Urine</p> <input type="checkbox"/> Cytomegalovirus (CMV) <input type="checkbox"/> BK and JC viruses <p>Skin/Oral/Genital</p> <input type="checkbox"/> Herpes & Varicella viruses (HSV1 & 2/VZV) Specify site: _____	<p>Plasma (Lavender EDTA)</p> <small>Only if immunocompromised and/or transplants</small> <input type="checkbox"/> BK and JC viruses <input type="checkbox"/> West Nile Virus <input type="checkbox"/> Cytomegalovirus (CMV) viral load <input type="checkbox"/> Epstein Barr Virus (EBV) viral load <small>NOTE: A single EDTA tube may be submitted if both the CMV and EBV viral load tests are requested.</small> <p>Other Tests (Indicate type of specimen)</p>
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Form #101061 (Saskatoon Area) 08/2019 Category: Requisitions

Laboratory Controlled Document #: FORM-1126 v#1

Remember to also collect a C&S stool sample and record on a community requisition

7
Use sterile container (pink top)



8
Label specimen with these identifiers

- Name
- DOB
- HSN