

Respiratory Outbreak Specimens

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

6
Check off NPS & Resp Virus Screen

7
Use a NP Swab in UTM



4
Resident demographics

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

8
Label specimen with these identifiers

- Name
- DOB
- HSN

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: _____

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

Respiratory <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 _____) NOTE: Indicate above in Clinical Information if this is an outbreak <input type="checkbox"/> Respiratory Virus Screen Other available tests: <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)	Cerebrospinal Fluid <input type="checkbox"/> Herpes & Varicella viruses (HSV-1 & 2, VZV) Other available tests: <input type="checkbox"/> BK and JC viruses <input type="checkbox"/> Enteroviruses <input type="checkbox"/> Cytomegalovirus (CMV)	Feces NOTE: Indicate above in Clinical Information if this is an outbreak <input type="checkbox"/> Clostridium difficile <input type="checkbox"/> Enteroviruses <input type="checkbox"/> Norovirus <input type="checkbox"/> Rotavirus antigen	Plasma (Lavender EDTA) Only if immunocompromised and/or transplants: <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 NOTE: A single EDTA tube may be submitted if both the CMV and EBV viral load tests are requested.
Other available tests: <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)	Eye <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 <input type="checkbox"/> Virus eye panel (Adenovirus, Herpes virus, Chlamydia trachomatis) <input type="checkbox"/> Cytomegalovirus (CMV) <input type="checkbox"/> Acanthamoeba	Urine <input type="checkbox"/> Cytomegalovirus (CMV) <input type="checkbox"/> BK and JC viruses Skin/Oral/Genital <input type="checkbox"/> Herpes & Varicella viruses (HSV1 & 2/VZV) Specify site: _____	Other Tests (Indicate type of specimen)

Form #101061 (Saskatoon Area) 08/2019 Category: Requisitions

Laboratory Controlled Document #: FORM-1126 v#: