yukon hospitals | Providence HEALTH CARE

MICROBIOLOGY LAB TESTING

Phone: (867) 393-8739 Fax: (867) 393-8772

Laboratory Use Only

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (dd / mm / yy) ____ / ____ / ____ HEALTH CARE # _____ M ☐ F ☐

ADDRESS _____ CITY _____ PHONE NUMBER _____

SUBMITTING DOCTOR _____ CLINIC/HEALTH CENTRE _____

COPY OF REPORT TO: _____

SPECIMEN COLLECTION

DATE: _____ dd / mm / yy

TIME: _____ am / pm

BY: _____

ON ANTIBIOTICS?
☐ No ☐ Yes (specify): _____

PENICILLIN ALLERGY?
☐ No ☐ Yes

LABEL ALL SPECIMENS WITH PATIENT'S FULL NAME, DOB, HEALTH CARE # AND SPECIMEN SITE FOR EACH SPECIMEN

DIAGNOSIS / CHIEF COMPLAINT / CLINICAL INFORMATION (REQUIRED):

ROUTINE BACTERIAL CULTURE (✓):

☐ **Urine Culture**: (○ Pregnant ○ Kidney Transplant)
○ Midstream ○ In/Out Catheter
○ Indwelling Catheter ○ Other: _____

☐ **Throat**

☐ **Sputum**

☐ **Eye** ○ Left ○ Right

☐ **Ear** ○ Left ○ Right

☐ **Mouth / Tongue** (Yeast)

☐ **Other** (specify site): _____

STERILE SITE SPECIMENS (✓):

☐ **Blood Culture** (number of sets drawn) _____

☐ **Sterile Body Fluid Culture** (Select Source Below)
○ Pleural ○ Peritoneal ○ Dialysate ○ CSF
○ Synovial (specify site): _____
○ Other (specify site): _____

☐ **Tissue / Biopsy Culture**
Specify Site: _____

WOUND / ULCER / ABSCESS CULTURE (✓):

☐ Specify Site: _____
○ Superficial ○ Deep

GENITAL TRACT SPECIMENS (✓):

Vaginitis
☐ Bacterial Vaginosis & yeast smear **(>12 and <60 years old)**
☐ Genital Culture Vaginal (chronic / recurrent – smear and culture)
☐ Other (specify) : _____

☐ **Trichomonas** testing by NAT

Group B Strep Screen (Pregnancy only)
☐ Vaginal-rectal swab

Chlamydia (CT) & Gonorrhea (GC) by NAT
☐ Cervix ☐ Urethra ☐ Urine
☐ Vagina ☐ Rectum ☐ Other: _____

Gonorrhea (GC) Culture (not routinely recommended)
☐ Cervix ☐ Urethra ☐ Throat ☐ Rectum
☐ Other: _____

MULTI-RESISTANT ORGANISMS (✓):

☐ MRSA : ○ Nares ○ Perineum ○ Other: _____
☐ VRE : ○ Rectum ○ Other: _____
☐ CPO : ○ Rectum ○ Other: _____

SPECIAL REQUESTS:

5 Hospital Road, Whitehorse, Yukon Y1A 3H7