yukon hospital corporation | whitehorse

MICROBIOLOGY LAB
ON SITE TESTING

Ph: (867) 393-8794 fax: (867) 393-8772

Laboratory Use Only

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (dd/mm/yy) ___/___/___ HEALTH CARE # (Prov) _____ M ❑ F ❑

SUBMITTING DOCTOR _____ CLINIC/HEALTH CENTRE _____ DIAGNOSIS _____

COPY OF REPORT TO: _____

Specimen Collection

Date: _____

Time: _____

By: _____

Antibiotics/Treatment: (specify) _____

ROUTINE CULTURE:

❑ **Throat** - R/O Group A strep
Penicillin Allergy? **Yes** ❑ **No** ❑
Treatment Failure? **Yes** ❑ **No** ❑

❑ **Sputum expectorated**

❑ **Eyes(s)** ❑ Left ❑ Right ❑ External (conjunctiva)
❑ Other (specify): _____

❑ **Ears(s)** ❑ Left ❑ Right
❑ External canal ❑ Middle ear drainage/fluid
❑ Other (specify): _____

❑ **Mouth / Gingiva / Tongue** (R/O Yeast)

❑ **Nose Culture** (R/O S.aureus carrier)

❑ **Blood Culture** number of sets drawn: _____

❑ **Fluid Culture** (specify site) _____

Clinical Information: _____

GENITAL TRACT SPECIMENS:

Vaginitis

❑ **Initial** (Smear only, to R/O BV and yeast)
❑ Chronic/recurrent yeast infection (smear and culture)
❑ Trichomonas vaginalis antigen*(swab)
❑ Other*
***MUST** indicate clinical information: _____

Group B Strep Screen (pregnancy only)

❑ Vagino-anorectal swab
Penicillin Allergy? **Yes** ❑ **No** ❑

Gonorrhoeae (GC) Culture (charcoal swab)

❑ *N.gonorrhoeae* culture *

Source/site: ❑Urethra ❑Cervix ❑Throat ❑Rectal ❑Other*
***MUST** indicate clinical information: _____

❑ ≤ 13 years * ❑ ≥ 60 years ❑ Toxic Shock Syndrome
❑ Pregnant ❑ Post-partum ❑ Post-surgical ❑ IUCD

SKIN/WOUND/ULCER/ABSCESS CULTURE:

MUST specify source/site: _____

❑ Superficial wound swab **(< 2cm deep)**
❑ Deep wound swab **(> 2cm deep)**

❑ Abscess ❑ Aspirate
❑ Ulcer ❑ Wound
❑ Bite ❑ Trauma
❑ Implanted Device ❑ Surgical
❑ Drainage ❑ Diabetic
❑ Chronic infection ❑ Compromised host

Clinical Information: _____

URINARY TRACT SPECIMENS:

Collection type:
❑ Midstream Urine ❑ in/out Catheter ❑ indwelling Catheter
❑ Other urine (specify):

Clinical Information: _____

❑ dysuria ❑ frequency ❑ pyuria ❑ pregnant ❑ kidney transplant

MULTI RESISTANT ORGANISMS:

MRSA Screen ❑ Nares ❑ Perianal ❑ Other: _____
VRE Screen ❑ Rectal ❑ Other: _____

STOOL SPECIMENS:

❑ *C.difficile* testing

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