LABORATORY SERVICES MANUAL FOR PHYSICIAN OFFICES

TABLE OF CONTENTS

1. Laboratory Requisitions................................................................. 1
2. Client Identification and Specimen Labelling ............................... 3
3. Specimen Collection Instructions................................................... 4
   Hematology / Transfusions ......................................................... 4
   Chemistry ....................................................................................... 5
   Microbiology .................................................................................. 6
   Histology ......................................................................................... 8
   Cytology ......................................................................................... 9

APPENDIXES

LABLisOP2001 Community Lab Requisition (RQHR 217)
LABLisOP2002 Community Microbiology Requisition (RQHR 1275)
LABLisOP2000 Rural/Referred-In Testing Lab Requisition (RQHR 1284)
Laboratory Requisitions

1. Laboratory requisitions, designed for use with the Lab Information System in RQHR laboratories, each consist of a single sheet of paper. They serve only as a mechanism for placing an order. Test results are printed on separate report forms by the laboratory computer. The following requisitions are available:

- Community (General Laboratory - Community) blue
- Microbiology (Community) grey
- Surgical Pathology Consultation cream
- Cytopathology – Non Gynecologic canary
- Cytopathology – Gynecologic mauve
- Rural/Referred-in Testing Requests white
- Sask. Disease Control Laboratory choose appropriate requisition
- Semen Collection white

2. A supply of RQHR requisitions is available from the Print Shop. To order these requisitions call 306-766-5290 for a “Print Room Supply Form”. For Sask. Disease Control Laboratory requisitions please refer to section 4.

3. When completing requisitions include all of the following information:
- patient’s first and last name (as on health card)
- date of birth (day/month/year)
- 9 digit health services number
- gender
- patient’s address, in the case of Community requisitions also include patient’s telephone number
- name of ordering physician printed legibly, including first and last name and the address you wish the reports to be returned to
- indicate the diagnosis and other relevant information such as anticoagulant therapy, antibiotic therapy, therapeutic drug dosage or patient’s height and weight
- if required, indicate “copy to” physician(s) including the first and last name and location or address
• person collecting the specimen must record their signature and the date and time of collection
• if the specimen is for surgical pathology or microbiology also record the nature of specimen and complete relevant clinical history
• if the specimen is for cytology (Pap smear or Non-gynecological specimen), the nature of the specimen, the clinical history and treatment section of the requisition must be completely filled out
• Cytopathology and Surgical Pathology requisitions must be legibly signed by the physician performing procedure

4. Orders for tests which are referred to the Saskatchewan Disease Control Laboratory must be submitted on the appropriate SDCL requisition. **Do not use RQHR requisitions.** To request supplies and requisitions from the SDCL, call 306-787-3131 and select # 7.

Following is a list of the more common tests referred to the Saskatchewan Disease Control Laboratory:

ACTH (Adrenocorticotropic hormone)
Aldosterone
ANCA
**Anti-Streptolysin O**
Catecholamine
Celiac **Panel**
Chlamydia
DHEA-SO₄
Fructosamine (Glycosylated Protein)
Hantavirus
Heavy Metals (lead, copper, mercury) – **must specify**
HbsAg
HCV
Hepatitis A, B and C – **must specify**
HIV
Insulin
Lipase
Maternal testing (HIV, Rubella, VDRL, Hepatitis screen)
Metanephrines
Mycobacterium Culture (TB)
**Pertussis Culture**
PKU
Testosterone
Thyroid Antibodies
Urine Drugs **of Abuse** Screen
VDRL
Viral **Isolation**
Viral Serology – Rubella, Torch Screen (ToRC), Cytomegalovirus (CMV), Herpes, Legionella, Epstein- Barr virus, West Nile – must specify
Viral Studies – respiratory and stool
Vitamin D
VMA, Catecholamine, 5HIAA (24 hr. Urines)

For more information regarding specimen collection and handling the SDCL compendium can be access in the link below:

http://sdcl-testviewer.ehealthsask.ca/

**Client Identification and Specimen Labelling**

Correct identification of the client is vital. Proper identification includes confirmation of at least two client identifiers through observation of documented identifiers, then requesting the client to recite their first and last name and date of birth when the client is able to participate in the identification process.

Two client identifiers include the first and last names AND a unique identifying number. The unique identifying number consists of the Health Services Number (HSN) or Medical Record Number (MRN).

Clients presenting to a Specimen Collection area, must present their Health Services Number card to confirm their first and last name and HSN. Ensure the identifiers match the corresponding identifiers on the requisition.

**Label all specimens at the client’s side at the time of collection.**

All specimens of blood, urine, stool and other body fluids for **Hematology, Transfusions and Chemistry** must be labelled with:
- patient’s first and last name
- health services number
- blood for group and Rh must also be labelled with patient’s date of birth

Tissue specimens for **Histological** examination must be labelled with:
- patient’s first and last name
- health services number
- physician
- nature of specimen
- date of procedure

Specimens for **Microbiology** must be labelled with:
- patient’s first and last name
- health services number
- nature of specimen
Specimens for **Cytology** must be labelled with:

**Pap smear:**
- first and last name
- health services number or date of birth or medical record number
- labelling must be done with a lead pencil on the frosted end of the glass slide
  (pen-type inks tend to fade/wash off during processing)

**Non-gynecological specimens:**
- first and last name
- health services number or date of birth or medical record number
- date of collection
- nature of specimen

Specimens that are labelled incorrectly or illegibly will be assessed according to the Lab Services Specimen Rejection protocol. Depending on the nature of the error, the nature of the specimen and test being performed and the degree of difficulty in obtaining a repeat specimen, the specimen may be rejected and a repeat draw requested.

**Specimen Collection Instructions**

Collect the specimen tubes in the following order:
- blood cultures (aerobic then anaerobic)
- blue top tube(s) with citrate (completely fill the tube)
- Serum tubes, with or without clot activator, with or without gel
  i.e. Yellow Serum Separator Tube (SST) with gel, or Red top tube
- green top tubes with heparin
- mauve top tube(s) with EDTA
- tube(s) with other additives (e.g. grey top tube)

Gently invert all the tubes 5 times to mix the blood with the additives. To invert turn the filled tube upside-down and then return it to an upright position.

**A. HEMATOLOGY and TRANSFUSIONS**

1. **CBC (with WBC differential), ESR, Retic, Malaria**
   For any combination of tests in this group:
   - draw one 4 mL EDTA tube (lavender top)
   - transport to the testing laboratory within 2 hours of collection
   - refrigerate at 4°C until transport; specimens refrigerated for up to 24 hours
     after collection will be accepted

2. **PTT, INR**
   For any combination of tests in this group:
- draw one 1.8 mL or 2.7 mL sodium citrate tube (blue top) ensuring that the tube fills completely
- transport to the testing laboratory within 2 hours of collection
- if greater than 4 hours time to testing is expected for PTT test only; centrifuge specimen for 10 minutes at 2500 RPM, separate plasma and freeze at -20°C. Send specimen to RGH in frozen state.

3. Monospot (serum), RBC folate
For any combination of tests in this group:
- draw one 4 mL EDTA (lavender top) tube and one 5 mL Serum Separator Tube (SST) with gel (yellow top tube)
- transport specimens to the testing laboratory within 4 hours of collection
- if greater than 4 hours is expected, allow SST specimen to clot (at least 30 minutes), centrifuge for 10 minutes at 2500 RPM and refrigerate EDTA and SST tubes at 4°C until specimen is transported

4. Blood group & Rh, Blood Group & Rh & Screen, Direct Antiglobulin Test, Transfusion Reaction Investigation, Cold Agglutinin Testing
For any test in this group:
- collect two - 4 mL EDTA (lavender top) tubes
- label tubes with patient’s first and last name, health services number and the date of birth

5. Synovial Fluid
- collect 3-5 mL of specimen in EDTA tube (lavender top)
- mix immediately by inverting tube at least five times and ensure that specimen is not clotted
- transport to RGH laboratory within 4 hours of collection
- specimens refrigerated for up to 24 hours after collection will be accepted but note that a differential may not be possible since there is cellular deterioration after 4 hours

B. CHEMISTRY
<table>
<thead>
<tr>
<th>Albumin</th>
<th>Glucose</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALP – alkaline phosphatase</td>
<td>βHCG</td>
</tr>
<tr>
<td>ALT</td>
<td>Iron / TIBC</td>
</tr>
<tr>
<td>Amylase</td>
<td>LDH</td>
</tr>
<tr>
<td>AST</td>
<td>Luteinizing Hormone</td>
</tr>
<tr>
<td>B 12</td>
<td>Lipid panel (cholesterol, triglycerides, HDL, LDL)</td>
</tr>
<tr>
<td>Bilirubin</td>
<td>Liver panel (ALP, ALT, bilirubin)</td>
</tr>
<tr>
<td>Calcium</td>
<td>Magnesium</td>
</tr>
<tr>
<td>CA125</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>CEA</td>
<td>Prolactin</td>
</tr>
<tr>
<td>CRP</td>
<td>TIBC</td>
</tr>
<tr>
<td>CK</td>
<td>Total protein</td>
</tr>
<tr>
<td>Creatinine</td>
<td>PSA</td>
</tr>
<tr>
<td>Electrolytes (Na, K, Cl)</td>
<td>Renal panel (Na, K, Cl, urea, creatinine)</td>
</tr>
<tr>
<td>Estradiol</td>
<td>TSH, FT&lt;sub&gt;4&lt;/sub&gt;, FT&lt;sub&gt;3&lt;/sub&gt;</td>
</tr>
<tr>
<td>Ethanol</td>
<td>Urea</td>
</tr>
<tr>
<td>Ferritin</td>
<td>Uric Acid</td>
</tr>
<tr>
<td>FSH</td>
<td></td>
</tr>
<tr>
<td>GGT</td>
<td></td>
</tr>
</tbody>
</table>

For any combination of tests in the above table:
- draw one 5 mL SST gold top tube (serum separator tube with gel)
- transport specimen to testing laboratory within 2 hours of collection
- if greater than 2 hours is expected, allow specimen to clot (at least 30 minutes) and centrifuge for 10 minutes at 2500 RPM
- refrigerate at 4°C until specimen is transported, but no more than 24 hrs.

| ANA             |                    |
| AMA             |                    |
| Protein Electrophoresis (PE/IFE) also order Total Protein and Albumin Immunoglobulins |                    |
| Transferrin     |                    |
| alpha 1 Antitrypsin |                    |
| RA/RF           |                    |
| IFE             |                    |

For any combination of tests in the above group:
- draw one 5 mL SST gold top tube (serum separator tube with gel)
- transport specimen to RGH for testing within 2 hours of collection
- if greater than 2 hours is expected, allow specimen to clot (at least 30 minutes) and centrifuge for 10 minutes at 2500 RPM
- refrigerate at 4°C until specimen is transported, but no more than 24 hrs.

<table>
<thead>
<tr>
<th>Carbamazepine/Tegretol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digoxin</td>
</tr>
<tr>
<td>Dilantin</td>
</tr>
</tbody>
</table>
### Phenobarbitol
**Theophylline**
**Valproic acid**

For tests in this group:
- draw one EDTA mauve top tube
- refer to the RQHR compendium for information regarding collection times
- specify time and date of last dose

### Creatinine Clearance (record patient’s height (cm.) and weight (kg.) on requisition)
**Bence Jones Protein**

For tests in this group: collect a 24 hour urine specimen

### Microalbumin / Creatinine Ratio

Collect a random urine specimen. Use a 5 – 10 mL plastic aliquot tube to send the specimen. Do not ship in a C and S container.

### C. MICROBIOLOGY

#### THROAT

Instruct the patient to breathe deeply, depress the tongue gently with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas with swab. Avoid touching the oral mucosa or tongue with the swab. Have the patient say "AH", this lifts the uvula and reduces the gag reflex. Place swab in transport media and send to the laboratory.

Please indicate if request is for treatment failure and susceptibility testing is required.

#### VAGINA

Use a speculum without lubricant and swab mucosa high in the vaginal canal. Place the swab in transport media.

#### URINE

**NOTE**: Duplicate urine specimens on the same patient for routine culture within a 3 day period will not be processed.

A "clean-catch" midstream specimen is adequate for culture provided the urine has been collected after adequate cleansing. The specimen should be sent in a special urine transport tube containing boric acid. If there is to be a delay of over 30 minutes in transporting the specimen, it should be refrigerated.

Collection of Clean-Catch Mid-stream Specimen
- use sterile container
- aseptically transfer to special urine transport tube containing boric acid.
For males (Midstream)
While holding foreskin retracted, begin voiding. After several mL have passed, collect midstream portion without stopping flow of urine. Transfer more than 5 mL of specimen into a urine transport tube containing Boric Acid preservative (add urine up to fill line on Boric Acid container).

For females (Midstream)
While holding labia apart, begin voiding. After several mL have passed, collect midstream portion without stopping flow of urine. Transfer more than 5 mL of specimen into a urine transport tube containing Boric Acid preservative (add urine up to fill line on Boric Acid container).

WOUNDS/SKIN
Wound as a specimen source is inadequate. Always provide a specific anatomical site.

When collecting these specimens, attention to skin decontamination is critical.

a) Superficial wound – Clean wound surface with 70 % alcohol. Swab or aspirate the affected areas. Avoid touching surrounding skin.
b) Deep Wound – Clean and decontaminate wound. Swab or aspirate the affected areas.
c) Burns – Swabs of superficial lesions are inappropriate. Clean wound surface with 70% alcohol. Obtain a 3 mm³ punch biopsy and place into a sterile container.
d) Decubitus ulcers – Decubitus ulcers, such as coccyx, sacral or ischio rectal, are of limited value, and will not be processed.
e) Sinus tract – Superficial swabs are unsuitable. Submit aspirated pus in an Aimes eSwab.

STOOLS
Ova and Parasites
For the detection of ova and parasites, specimens should be submitted in a special container with SAF preservative, and filled to the line marked on the container. A number of substances can interfere with stool examination: mineral oil, bismuth, barium (radiological), non-absorbable anti-diarrhoeal preparations, anti-malarials and antibiotics. After administration of these compounds, specimens should not be submitted for 1 - 2 weeks as they may not reveal parasites for a week to several weeks. The two most commonly used agents are barium and antibiotics which modify normal gut flora, and diminish the number of protozoa, since the growth and reproduction of protozoa are dependent on the presence of the intestinal bacteria.

Duplicate stool specimens on the same patient within a 5 day period will not be processed.
Culture and Sensitivity (C & S)
Approximately 1 gram of stool freshly passed directly into clean, dry container. Transfer to a container containing Enteric Pathogen Transport Medium when being submitted for culture. There should be no contaminating material (e.g. urine, tissue paper) mixed with the specimen. Rectal swabs may be adequate for the detection of pathogens in acute infections but not in carriers.

MICROBIOLOGY SPECIMENS SUBMITTED TO SDCL
Pertussis
Nasopharyngeal specimens collected for Bordatella pertussis or “Whooping Cough” are collected in Regan-Lowe media. Ensure the wire of the collection swab is trimmed and contained in the media tube and the cap is screwed on. A SDCL Microbiology requisition must be included upon submission.

Specimens for Sexually Transmitted Infections
Please consult the Saskatchewan Disease Control Laboratory Microbiology Requisition to determine the collection kit to be used for each specimen. A completed SDCL Microbiology requisition must be included upon submission. Please note: specimens must be collected in the media as described on the requisition or they will be rejected.

D. Histology

Routine Processing for Surgical Specimens

- Specimens removed during surgical excision must be placed immediately into 10% Neutral Buffered Formalin in a clean, leak-proof, screw-top plastic container.
- Volume of formalin must be a minimum of ten times greater than the size of the tissue specimen.
- Specimen containers must be of adequate size to freely accommodate the specimen and appropriate volume of formalin.
- Label specimen container with patient’s first and last name, Health Services Number and the nature and location of the specimen. Unlabelled or improperly labelled specimens will be returned for correction.
- Place specimen container and requisition into separate sealed zip-lock bags.
- Place bags into mailing container or sturdy cardboard box. Use packing materials to cushion contents.
- Seal container/box with packing tape.
- Affix Return Address label.
- Affix Address label for Histology Laboratory

- Ship to: Histology Laboratory
            Pasqua Hospital
E. Cytology

Pap Smear

The Pap smear is a highly effective tool for detecting cancerous and precancerous cervical lesions but it is considered a screening test only and has been demonstrated to produce false negative rates.

The objective of an adequate Pap smear is to provide a sampling of the Squamocolumnar junction between the ectocervix and endocervix utilizing the one slide technique. Combinations of various types of sampling are possible and can vary. Both the spatula (ectocervix) and brush (endocervix) should be used. The cervical brush alone should not be used.

A cervical smear should not be taken at the time of menstruation. The optimal time is mid-cycle. As well, the patient should be advised not to douche 48 hours prior to the examination.

Use of cotton tipped applicators and lubricating jelly on the speculum are NOT recommended.

a. Prepare slide by writing the patient’s first and last name and one additional identifier on the frosted end of the slide.

b. Wooden Spatula Technique: Transformation Zone Scrape
   - Insert and rotate one full turn
   - Spread material over top-half of slide
   - Spray immediately with fixative, holding spray bottle 3-4 inches away from the slide
   - Pump 5-6 times or until slide is saturated
   - The spray will contact the bottom half of the slide. This will not jeopardize the remainder of the procedure

Cytobrush Technique: Endocervical sampling
   (inform patients that some spotting may occur with use of the Cytobrush)
   - Gently insert the Cytobrush into the endocervix
   - Rotate slowly one turn only
   - Remove the Cytobrush
   - Spread the material on the bottom-half of the slide by rolling and twisting the Cytobrush
   - Spray immediately as described above. There is no need to direct spray away from material already on the slide. Additional spray will not alter the specimen.
c. Place the slide in the blue plastic slide mailer, leaving open until the slides are dry. When the slides are completely dry, close the slide mailer. Wrap the requisition around the blue mailer and secure with a rubber band.

d. Mail or deliver to the Regina Qu’Appelle Health Region- Pasqua Hospital, Cytology Laboratory.

Non-Gynecological Specimens

The Thin Prep instrument has become the optimal choice for preparing cell samples for Cytology. Specimens include pleural, peritoneal, pericardial, urine, sputum, cyst contents, washings, brushings and needle aspirates collected for cytologic examination. The addition of 50% ethyl alcohol or cytolyt to the specimen will prefix cells during transport. The specimen can then be prepared in the Cytology lab.

1. Sputum
   - The first specimen of the morning is considered to be the most representative.
   - It is also recommended that the patient wait at least one hour after consuming food to produce a sputum sample, in order to avoid contamination of the sputum by food particles.
   - Specimen should be collected in a labelled, leak proof container.
   - The patient is to rinse his/her mouth, clean his/her throat with a gentle cough, and deep cough from the diaphragm and expectorate all sputum into an appropriate specimen container.
   - A sputum series (i.e. repeated once a day for three days) is generally recommended.
   - Add an equal volume of 50% ethyl alcohol or cytolyt to the specimen. The addition of fixative should be noted on the requisition and specimen container.

2. Urine Specimens
   - This includes voided urine, bladder washing and catheterized urine.
   - Voided urine: patient should be hydrated. A midstream specimen is recommended. First morning specimen is not recommended.
   - All of the above specimens should be collected and submitted in an appropriately labelled, leak proof container with the addition of an equal volume of 50% ethyl alcohol.

3. Synovial (Joint) Fluids
   - The specimen should be aspirated into a sterile leakproof tube.
   - DO NOT ADD ANY TYPE OF FIXATIVE to the specimen.
   - Indicate on the requisition if the test is for crystals.
   - Transport immediately to the laboratory.

4. Breast Secretions (Nipple Discharge)
   - Label slide with patient’s first and last name and one additional identifier.
- Secretion is expressed by gently squeezing the areolar area between the thumb and forefinger
- Secretion is smeared across a glass slide
- The smear should be immediately sprayed with fixative
- If the secretion is thick. Place another labeled glass slide on top and gently pull apart slide; fix with spray fixative
- Prepare as many slides as there is secretion
- Allow slides to dry, and place into a blue slide mailing container
- Attach the requisition to the mailing container

5. Solid/Cyst Lesion Fine Needle Aspiration (Fine Needle Aspirate Biopsy)
- Cellular material extracted by fine needle aspiration from any solid or cystic lesion
- If the specimen is cystic, the fluid as well as the cyst wall should be aspirated.
- After removing the needle from the lesion, detach the needle from the syringe, fill the syringe with air, reattach the needle and express the contents in a clearly labelled leak proof screw top tube (i.e. Falcon tube) that contains 50% ethyl alcohol or cytolyt.
- A needle rinse should be performed as well. This is done by aspirating and expressing the fixative to remove any cells or tissue fragments from the syringe.

Related documents

1. LABRegOP7900 Laboratory Services Manual General Information
2. LABCytoOP7000 Diagnostic Cytology Lab Services Manual and Testing Compendium
3. LABMicOP7204A2 Microbiology Collection and Test Compendium

Appendixes

1. LABLisOP2001 Community Lab Requisition (RQHR 217)
2. LABLisOP2002 RQHR Microbiology Community Requisition (RQHR 1274)
3. LABLisOP2000 Rural/Referred-In Testing Lab Requisition (RQHR 1284)
4. RQHR Microbiology Requisition Instructional Video: https://www.youtube.com/watch?v=Ixb5vgmhma0&feature=youtu.be

Revision History
Found in SoftTech Health Lab QMSTM  Document Management System

Author
J. Hill ART
L. Engel MLT revised
L. Sanftleben MLT, revised
**Regina Qu’Appelle Health Region Community Chemistry/Hematology**

See Reverse for Community Collection Sites and Hours of Operation

<table>
<thead>
<tr>
<th>Req SCAN Label</th>
<th>Regina Qu’Appelle Health Region Community Chemistry/Hematology</th>
<th>Do not use for Microbiology or Transfusion</th>
</tr>
</thead>
</table>

### Requesting Dr (Name / Initials):  
RQHR Dr LIS Code: ______

<table>
<thead>
<tr>
<th>Location:</th>
<th>Date: (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Patient Name: (last) (first)</td>
<td></td>
</tr>
<tr>
<td>*HSN:</td>
<td>DOB: (dd/mm/yyyy)</td>
</tr>
<tr>
<td>Specify Province:</td>
<td></td>
</tr>
<tr>
<td>MRN:</td>
<td>Gender: M F</td>
</tr>
<tr>
<td>Patient Address:</td>
<td></td>
</tr>
</tbody>
</table>

| Patient Contact Number: | |

**Copy for: Dr (Name / Initials)  
Clinic Name, Address  
RQHR Dr LIS Code: ______ |

**Copy for: Dr (Name / Initials)  
Clinic Name, Address  
RQHR Dr LIS Code: ______ |

**Fax report to: () -

**Fax report to: () -

### Hematology

- CBC
- PT/INR
- aPTT
- Specify Anticoagulant:  
  - Coumadin / Warfarin  
  - Heparin  
  - No Anticoagulant  
  - Other: ______
- Monotest

**Prenatal  
(CBS & SDCL Requisition required, Physician must complete)  
Initial Panel  
(Initial Panel; Group and Screen; Rubella, Syphilis; Hep B Ag; Hep C Ab; HIV)  
28 Week Panel  
(28 Week Panel; Group and Screen)  

**Transfusion  
Complete RQHR Transfusion requisition if Group & Antibody Screen ordered.

### Chemistry

**Glucose**  
- Fasting  
- Random  
- 2 hr PC  
- Hemoglobin A1c

**Glucose Tolerance Tests**  
- Maternal 50g 1 hr  
- Maternal 75g 2 hr  
- 2hr (non-pregnant) 75g

**General Chemistry**  
- Electrolytes (Na, K, Cl)  
- Potassium (only)  
- Renal Panel  
- Electrolytes  
- Urea  
- Creatinine  
- Liver Panel  
- T Bili  
- ALK Phos  
- ALT  
- Lipid Panel (Fasting)  
- Lipid Panel (Non-fasting)  
- Newborn Bilirubin  
- CK  
- Calcium  
- Total Protein  
- Magnesium  
- Uric acid  
- Phosphorus  
- B-HCG  
- Fe / TIBC  
- Ferritin

**Tumor Markers**  
- PSA  
- AFP  
- CEA  
- CA-125

**Thyroid Tests**  
- Thyroid Screen  
- Follow up tests:  
  - TSH  
  - FT4

**Therapeutic Drugs**  
- Date and Time of Last Dose: ______

- Carbamazepine (Tegretol)
- Digoxin
- Lithium
- Phenobarbital
- Theophylline
- Phenytoin (Dilantin)
- Valproic Acid (Depakene)
- Siromycin  
- Tacrolimus

**Urine Tests**  
- Urinalysis (Random Only)  
- Pregnancy Test (Random)  
- Albumin / Creat Ratio

**Microbiology:**  
Separate Microbiology Requisition must be completed by Physician to ensure adequate information is provided

### Other:

**Serology / Hepatitis Testing**  
(SDCL requisition required)  
- Hepatitis A IgM  
- Hepatitis B surface Antigen  
- Hepatitis B surface Antibody  
- Hepatitis C Antibody

<table>
<thead>
<tr>
<th>24 hour Urine Collections</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
<td>End Date:</td>
</tr>
<tr>
<td>Volume: mL</td>
<td></td>
</tr>
<tr>
<td>Total Protein (24h Urine)</td>
<td></td>
</tr>
<tr>
<td>Creatinine (24h Urine)</td>
<td></td>
</tr>
<tr>
<td>Creatinine Clearance</td>
<td></td>
</tr>
<tr>
<td>_____ height (cm)</td>
<td></td>
</tr>
<tr>
<td>_____ weight (kg)</td>
<td></td>
</tr>
</tbody>
</table>

**LIS Patient Label**

**LIS USE ONLY**

RQHR 217 (09/15)  
RQHR Doctor code can be requested by calling (306) 766-8900
If you require a blood test to be taken, please register at the location at least 20 minutes prior to closing.

- Please present your health card each time you visit the lab.
- Requisitions must be completed in full including first and last name, hospitalization number, date of birth and ordering physician.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Operating Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Park</td>
<td>3984 Albert St.</td>
<td>Monday to Friday 7 am to 6 pm,  Saturday 7 am to 3 pm,  Sunday 8 am to 3 pm,  Stat Holidays 8 am to 3 pm</td>
</tr>
<tr>
<td>Towers</td>
<td>2723 Avonhurst Dr.</td>
<td>Monday to Friday 7 am to 6 pm,  Saturday 7:30 am to 3 pm,  Sunday 8 am to 3 pm,  Stat Holidays 8 am to 3 pm</td>
</tr>
<tr>
<td>Gardiner Park</td>
<td>372 University Park Dr.</td>
<td>Monday to Friday 7 am to 4 pm</td>
</tr>
<tr>
<td>Broad St.</td>
<td>2162 Broad St.</td>
<td>Monday to Friday 8 am to 4 pm</td>
</tr>
<tr>
<td>Normanview Crossing</td>
<td>344 McCarthy Blvd. N.</td>
<td>Monday to Friday 7:30 am to 4 pm</td>
</tr>
</tbody>
</table>

**FASTING** – means you should not have anything to eat or drink except plain water for 10 to 12 hours before your lab test.

<table>
<thead>
<tr>
<th>Questions for fasting test(s.)</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>May I drink water?</td>
<td>Yes, small amounts of plain water.</td>
</tr>
<tr>
<td>Should I take my medications?</td>
<td>Yes, unless your doctor tells you not to.</td>
</tr>
<tr>
<td>May I drink juice?</td>
<td>No.</td>
</tr>
<tr>
<td>May I drink coffee?</td>
<td>No, not even black without sugar, and the same goes for tea.</td>
</tr>
<tr>
<td>May I chew gum?</td>
<td>No, sorry, not even sugarless.</td>
</tr>
<tr>
<td>May I smoke?</td>
<td>No, smoking can affect the test results, so it is recommended you do not smoke.</td>
</tr>
<tr>
<td>May I do my exercise routine?</td>
<td>No, exercise can also affect test results.</td>
</tr>
</tbody>
</table>
### RQHR Microbiology
Community Requisition.

**General Inquiries:** (306) 766-8900

### Requesting Physician (full name required)

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Initial</th>
</tr>
</thead>
</table>

**Location/Facility/Clinic Name:**

**RQHR Dr LIS Code:**

**Additional Copy for: (full name and location required)**

**Physician Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Initial</th>
</tr>
</thead>
</table>

**Location/Facility/Clinic Name:**

**RQHR Dr LIS Code:**

### DIAGNOSIS:

### ANTIBIOTICS:

### ALLERGIES:

### BLOOD & STERILE FLUIDS

<table>
<thead>
<tr>
<th>Blood culture</th>
<th>CSF</th>
<th>Sterile Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Venipuncture, specify site:</td>
<td>□ bacterial/yeast</td>
<td>□ Pleural fluid</td>
</tr>
<tr>
<td>□ Peripherial line, specify site:</td>
<td>□ fungal</td>
<td>□ Peritoneal fluid</td>
</tr>
<tr>
<td>□ Central line, specify site:</td>
<td>□ Cryptococcal Ag</td>
<td>□ Synovial fluid</td>
</tr>
<tr>
<td>□ other, specify:</td>
<td>□ Lumbar puncture</td>
<td>□ Bone marrow</td>
</tr>
<tr>
<td>□ other, specify:</td>
<td>□ Extraventricular drain</td>
<td>□ other, specify:</td>
</tr>
<tr>
<td>□ Catheter tip, specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### URINE

**Clinical Info (check all that apply):**

- □ *C&S only if positive urinalysis
- □ C&S
- □ Midstream urine
- □ Catheter – in/out, straight
- □ Catheter – indwelling
- □ Cystoscopy
- □ other, specify: |

**Relevant history required:**

- □ Travel/immigration
- □ other, specify: |

**Country:**

- □ Dates:
- □ immunosuppressed
- □ <13 yrs
- □ unsafe food/water
- □ case contact
- □ prior parasite:
- □ other, specify: |

### STOOL

**Bacterial C&S**

- □ Clostridium difficile
- □ Giardia/Cryptosporidium
- □ Pinworm exam
- □ Parasite identification
- □ Full Ova & Parasite exam

**Clinical Info (check all that apply):**

- □ abscess
- □ surgical site
- □ trauma
- □ bite
- □ diabetic
- □ immunocompromised
- □ osteomyelitis
- □ foreign material in situ
- □ chronic infection
- □ sinus tract

**Relevant history required:**

- □ Travel/immigration
- □ other, specify: |

**Country:**

- □ Dates:
- □ immunosuppressed
- □ <13 yrs
- □ unsafe food/water
- □ case contact
- □ prior parasite:
- □ other, specify: |

### GENITAL TRACT

**Gonorrhea**

- □ cervical
- □ urethral
- □ rectal

**Group B Streptococcus (GBS) screen**

**Bacterial Vaginosis & Candida**

**Vaginal Culture**

**Upper Genital Tract**

- □ swab
- □ tissue
- □ aspirate

**Endometrial/Uterine**

**Tubo-Ovarian**

**other, specify:**

**EXTERNAL GENITALIA, SPECIFY:**

**Fungal microscopy & culture**

- □ skin
- □ hair
- □ nails

**MRSA:** □ nose □ groin □ other:

**VRE:** □ rectal □ stool □ other:

**ESBL/CRE:** □ rectal □ stool □ other:

### RESPIRATORY/UPPER GI TRACT

- □ Influenza & RSV (NP swab, inpatients only)
- □ Pediatric auger suction (bacterial C&S)
- □ Sinus aspirate:
  - □ bacterial/yeast
  - □ fungal
- □ Nasal (S. aureus carriage screen)
- □ Oral swab (yeast only)
- □ Esophageal brush or biopsy (yeast only)

**Throat swab**

- □ Group A Streptococcus (GAS) screen
- □ Other, specify: |

**Lower Respiratory**

- □ bacterial/yeast
- □ fungal
- □ Sputum
- □ ETT suction
- □ Bronchial wash
- □ Bronchoalveolar lavage
- □ Protected Brush Specimen
- □ Lung biopsy, specify:
  - □ Transbronchial
  - □ Transthoracic

**Open**

**EARS/EYES**

- □ Eyes
  - □ left
  - □ right (check affected eye)
  - □ bacterial/yeast
  - □ fungal
  - □ Gonorrhea
  - □ Conjunctiva (submit swab from each eye)
  - □ Cornea
  - □ Vitreous/Aqueous fluid
  - □ other, specify: |

**Ears**

- □ left
- □ right
- □ bacterial/yeast
- □ fungal
- □ External canal
- □ Tympanostomy or surgical
- □ other, specify: |

### OTHER/SPECIAL REQUESTS

- □ MRSA:
- □ VRE:
- □ ESBL/CRE:
- □ Fungal microscopy & culture
- □ skin
- □ hair
- □ nails

**LIS Patient Label**

**Lab Use Only**

**RQHR Doctor code can be requested by calling (306) 766-8900**

*Urinalysis (U/A) is included and will be used to screen urine. C&S will be performed only if U/A is positive for Nitrites or Leukocyte Esterase.*

**Note:** Physician must complete SDCL requisitions for viral or Mycobacterial culture, GC/CT, or viral NAAT, hepatitis & other serologies.
All specimens must be labeled and submitted with a completed requisition. Specimens may be rejected if:

- they are improperly labeled or not accompanied by a completed requisition
- submitted in an inappropriate container, received in leaking or otherwise compromised container
- insufficient quantity of specimen, inappropriate specimen type for test requested, duplicate specimens, or if integrity of specimen has been compromised (e.g. lack of temperature control, delays in transit)

Whenever possible, specimens for microbiologic detection should be collected before antibiotics are given.

Care must be taken to avoid contamination of specimens with organisms of the normal flora or environment.

Specimens should be delivered to the laboratory soon after they are collected. Delays in transport can lead to incorrect, invalid, or misleading results.

The date and time of specimen collection should be recorded on the requisition in order to identify these delays and aid in results interpretation.

Providing relevant clinical information will ensure specimens are processed and reported appropriately.

Please refer to the RQHR Microbiology Compendium (www.rqhealth.ca/programs/lab/index.shtml) for descriptions of testing performed, specimen collection and transport instructions, and expected turnaround times. For special requests or additional information, please contact the Microbiology laboratory at 306-766-4481.
**Requesting Facility / Clinic:**
- [ ] Printed copy of report not required.

**Requesting Dr:**
- RQHR LIS Dr Code: __________
- Dr Name / Initials)

**Fax report to:** ( ) -

****Additional Copy for:**
- RQHR LIS Dr Code: __________
- Dr Name / clinic / address

**Fax report to:** ( ) -

****Additional Copy for:**
- RQHR LIS Dr Code: __________
- Dr Name / clinic / address

**Fax report to:** ( ) -

### Hematology
- [ ] CBC
- [ ] PT/INR
- [ ] aPTT

Specify Anticoagulant:
- [ ] Coumadin / Warfarin
- [ ] Heparin
- [ ] No Anticoagulant
- [ ] Other: ______________________

### Prenatal
(CBS & SDCL Requisition required, Physician must complete)
- [ ] Initial Panel
  - Group and Screen: Rubella; Syphilis; Hep B Ag; Hep C Ab; HIV)
- [ ] 28 Week Panel
  - (Group and Screen)

### Transfusion
Complete a Transfusion requisition if Group and Antibody Screen ordered

### Chemistry
- [ ] Glucose
  - Fasting
  - Random
  - 2 hr PC
  - Hemoglobin A1c
- [ ] Glucose Tolerance Tests
  - Maternal 50g 1 hr
  - Maternal 75g 2hr
  - 2hr (non-pregnant) 75g

### General Chemistry
- [ ] Electrolytes (Na, K, Cl)
- [ ] Potassium (only)
- [ ] Renal Panel
  - [ ] Electrolytes
  - [ ] Urea
  - [ ] Creatinine
  - [ ] Liver Panel
  - [ ] T Bili
  - [ ] ALK Phos
  - [ ] ALT
  - [ ] Lipid Panel (Fasting)
  - [ ] Lipid Panel (Non-fasting)
  - [ ] Newborn Bilirubin
  - [ ] CK
  - [ ] Calcium
  - [ ] Total Protein
  - [ ] Magnesium
  - [ ] Uric acid
  - [ ] Phosphorus
  - [ ] B-HCG
  - [ ] Fe / TIBC
  - [ ] Ferritin

### Tumor Markers
- [ ] PSA
- [ ] AFP
- [ ] CA-125

### Thyroid Tests
Follow up tests:
- [ ] TSH
- [ ] FT4

### Collect on Ice / Ship Frozen
- [ ] Lactate
- [ ] Ammonia
- [ ] H. Pylori

### Therapeutic Drugs
Date and Time of Last Dose:

**Microbiology:**
Separate Microbiology Requisition must be completed by Physician to ensure adequate information is provided.
- [ ] Carbamazepine (Tegretol)
- [ ] Digoxin
- [ ] Lithium
- [ ] Phenobarbital
- [ ] Theophylline
- [ ] Phenytoin (Dilantin)
- [ ] Valproic Acid (Depakene)
- [ ] Vancomycin

**Urinalysis (Random only)**
**Pregnancy Test (Random)**
**Albumin / Creat Ratio**

**24 hour Urine Collections**
- **Start Date:** __________
- **End Date:** __________
- **Volume:** __________ mL
- [ ] Total Protein (24h Urine)
- [ ] Creatinine (24h Urine)
- [ ] Creatinine Clearance

- [ ] height (cm)
- [ ] weight (kg)

### Relevant Diagnosis:

**Specimen Type (if not serum)**

**Collected by:** Date / Time

**Other Testing - Refer to the RQHR Test Compendium for available testing and sample / shipping requirements.**

http://www.rqhealth.ca/rqhr-service-lines-files/rqhr-lab-specimen-requirements
Please present your health card each time you visit the lab.

Requisitions must be completed in full including first and last name, hospitalization number, date of birth and ordering physician.

RQHR Rural Collection Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East Integrated Care Centre – Moosomin</td>
<td>(306) 435-3303</td>
<td></td>
</tr>
<tr>
<td>Whitewood Health Centre</td>
<td>(306) 735-2010</td>
<td></td>
</tr>
<tr>
<td>Broadview Union Hospital</td>
<td>(306) 696-5504</td>
<td></td>
</tr>
<tr>
<td>Grenfell Health Centre</td>
<td>(306) 697-4035</td>
<td></td>
</tr>
<tr>
<td>Wolseley Memorial Union Hospital</td>
<td>(306) 698-4440</td>
<td></td>
</tr>
<tr>
<td>Indian Head Union Hospital</td>
<td>(306) 695-4021</td>
<td></td>
</tr>
<tr>
<td>Montmartre Health Centre</td>
<td>(306) 424-2222</td>
<td>Tuesday, Wednesday, Thursday only</td>
</tr>
<tr>
<td>All Nations Healing Hospital - Fort Qu’Appelle</td>
<td>(306) 332-3627</td>
<td></td>
</tr>
<tr>
<td>Balcarres Integrated Care Centre</td>
<td>(306) 334-6260</td>
<td></td>
</tr>
<tr>
<td>St. Joseph’s Integrated Care Centre – Lestock</td>
<td>(306) 274-2311</td>
<td></td>
</tr>
<tr>
<td>Cupar Health Centre</td>
<td>(306) 723-4646</td>
<td>Tuesday and Friday only</td>
</tr>
<tr>
<td>Long Lake Valley Integrated Facility – Imperial</td>
<td>(306) 963-2122</td>
<td></td>
</tr>
</tbody>
</table>

FASTING – means you should not have anything to eat or drink except plain water for 10 to 12 hours before your lab test.

<table>
<thead>
<tr>
<th>Questions for fasting test(s)</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>May I drink water?</td>
<td>Yes, small amounts of plain water.</td>
</tr>
<tr>
<td>Should I take my medications?</td>
<td>Yes, unless your doctor tells you not to.</td>
</tr>
<tr>
<td>May I drink juice?</td>
<td>No</td>
</tr>
<tr>
<td>May I drink coffee?</td>
<td>No, not even black without sugar, and the same goes for tea.</td>
</tr>
<tr>
<td>May I chew gum?</td>
<td>No, sorry, not even sugarless.</td>
</tr>
<tr>
<td>May I smoke?</td>
<td>No, smoking can affect the test results, so it is recommended you do not smoke.</td>
</tr>
<tr>
<td>May I do my exercise routine?</td>
<td>No, exercise can also affect test results.</td>
</tr>
</tbody>
</table>