



Patient Name & Address (Print Clearly)	Patient HSN	Provider (Include First Name and Middle Initial)	Provider MSB #
	Date of Birth D / M / Y	Return Address (Provider/Clinic/Hospital)	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Provider or Lab Phone Number	
	Submitter Phone #	If Additional Copy is Required: <input type="checkbox"/> Fax to Ordering Provider - Fax # _____	
Hospital ID, Ward or Room # <input type="checkbox"/> IN Patient <input type="checkbox"/> OUT Patient	Outbreak #	<input type="checkbox"/> Provider: _____ Last Name First Name Initial Fax # _____	
Symptoms	Symptom Onset Date D / M / Y	Address _____ City/Prov. _____ Postal Code _____	
Diagnosis	Collection Date D / M / Y	Medication	
Medication	Collection Time H / M		

**CHOOSE ONE TEST PER SPECIMEN  
USE ONE REQUISITION PER SPECIMEN**

**Reason for Request**

Prenatal  High Risk  
 Occupational  Immigration/Travel  
 Sexual Assault/Abuse  Other

Details \_\_\_\_\_

**Respiratory**

**NAAT** (use UTM)  
 SARS-CoV-2 & Influenza A/B  
 Expanded Viral Panel  Pertussis

**Culture**  
 Pertussis (use Regan-Lowe media)  
 Diphtheria (use Amies media)  
 Legionella (use Amies media)

Specimen Type: \_\_\_\_\_

**TB & Mycobacteriology**

TB PCR (respiratory specimens only)

**Mycobacterial Culture**  
 Sputum (optimal volume is 5-10 mL)  
 Bronchial, specify: \_\_\_\_\_  
 Blood (use Myco/F-Lytic blood culture bottles)  
 CSF  Urine  
 Sterile fluid, specify: \_\_\_\_\_  
 Tissue, specify: \_\_\_\_\_  
 Other, specify: \_\_\_\_\_

**CSF**

HSV PCR  VZV PCR  WNV PCR  
 Enterovirus PCR  
 Other, Specify: \_\_\_\_\_

**Viral Exanthemata & Lesions (PCR)**

Mumps:  Buccal Swab (use UTM)  Urine (50 ml)  
 Measles:  Throat Swab (use UTM)  Urine (50 ml)

**Lesion Swab** (use UTM)  
 HSV/VZV  HFMD (Enterovirus)  
 Monkeypox  Syphilis

**Urine**

Cytomegalovirus (CMV) PCR (min volume 50 ml)  
 Legionella Urinary Antigen

**Sexually Transmitted Infections**  
(See back for collection container instructions)

**Chlamydia & Gonorrhoea NAAT**  
 Urine<sup>1</sup>  
 Vagina<sup>2</sup>  Rectum<sup>2</sup>  Throat<sup>2</sup>  
 Cervix<sup>3</sup>  Urethra<sup>3</sup>  Eye<sup>3</sup>

**Trichomonas NAAT**  
 Vagina<sup>2</sup>  Cervix<sup>3</sup>

**Mycoplasma genitalium NAAT**  
 Vagina<sup>2</sup>  Cervix<sup>3</sup>

**Mycoplasma/Ureaplasma Culture**  
 Site: \_\_\_\_\_

**Stool/GI**

Culture confirmation, PCR Result: \_\_\_\_\_

*H. Pylori* antigen (Store at 2-8C, frozen if >72 hours)  
 *H. Pylori* culture (use Portagerm Pylori media)

**Parasites**

Giardia and Cryptosporidium antigen (stool in SAF)  
 Pinworm Exam  
 Parasite ID (worms, arthropods, etc)  
 Scabies (skin scrapings)  
 *Schistosoma haematobium* (urine)

**Ova & Parasite Exam (stool in SAF)**

**Relevant History Required, check all that apply**

Travel/immigration Country: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Prior parasite, specify: \_\_\_\_\_  
 Age <13 years  Symptoms >2 weeks  
 Immunosuppressed  Unsafe food/water  
 Eosinophilia  Case contact  
 Other \_\_\_\_\_

**Dermatophytes**

Hair  Nails  
 Skin scraping, site: \_\_\_\_\_  
 Travel/Animal Contact: \_\_\_\_\_

**Mycology**

**Filamentous Fungi Culture** (swabs will be rejected)  
 Sputum  
 Bronchial, specify: \_\_\_\_\_  
 Fluid, specify: \_\_\_\_\_  
 Tissue, specify: \_\_\_\_\_  
 Other, specify: \_\_\_\_\_

**CLINICAL INFORMATION** (Immunosuppressed, etc.):

**Reference Testing**

**Organism:**  
 Bacteria  Yeast  Fungus

**Request:**  
 Identification  Subtype  Susceptibility

**Specimen Source:**  
 \_\_\_\_\_

Preliminary ID:  
 Gram/other stains:  
 Growth conditions:  
 O2  CO2  Anaerobic

**Comments** \_\_\_\_\_  
 Resistance confirmation (ESBL, CRE etc.):  
**Comments** \_\_\_\_\_

**Other/Special requests**

# Roy Romanow Provincial Laboratory

## Microbiology Requisition

### GENERAL INFORMATION

#### Unique Patient Identifiers:

Patient Name, Health Services Number (HSN/PHN), and Date of Birth (DOB) are used to identify specimens. To assist testing and reporting, HSN and DOB must be clearly printed on both the Requisition and Specimen.

#### Reporting:

Test results are reported directly to the Return Address listed on the Requisition. To ensure accurate reporting, the Provider's Full Name, Clinic/Hospital Address, and Phone/Fax Number must be clearly printed on the Requisition. All results are sent to the Saskatchewan Laboratory Results Repository and are available electronically via the **eHS Viewer**. If additional paper (Fax or Mail) copies are required, complete the 'Additional Copy' section of the Requisition. Fax Machines must be in a secure location accessible ONLY to persons requiring reports.

#### STAT Testing, Outbreak Samples, and Outbreak Numbers:

STAT testing requests must be pre-arranged. Call 306-787-3131 to request approval from the appropriate RRPL section. To assist with identification and testing of STAT and Outbreak Specimens, flag the shipping tote with a Yellow Closure Tie and identify STAT sample within the tote. Upon declaring an Outbreak, the Medical Health Officer or designate should assign an Outbreak Number, as follows: Health Region [3-4 letter acronym] – Calendar Year [4 digits] – Sequential Number [3 digits] e.g. RQHR-2015-001. Include the Outbreak Number on the Requisition.

### TESTING & SPECIMEN COLLECTION:

For comprehensive information about RRPL Testing and Specimen Collection protocols, see the RRPL Compendium of Tests available on-line at: [RRPL-testviewer.ehealthsask.ca/](http://RRPL-testviewer.ehealthsask.ca/)

#### Tuberculosis (TB)

It is recommended to order TB PCR on 1 specimen from every person suspected of Tuberculosis

#### Stool Specimens For Enteric Pathogens

Only submit fresh, loose stools. Formed stools and rectal swabs are NOT acceptable specimen types and will not be tested. Some medicines can interfere with testing. If submitting stool for Bacterial Studies or Parasites, do not take antibiotics or any medicines containing mineral oil, barium, bismuth, magnesium, or kaolin for at least 6 days prior to collection.

#### STI Testing

Contact the RRPL to request the appropriate APTIMA Collection Kits: <sup>1</sup> – Use APTIMA Urine Collection Kit (yellow); <sup>2</sup> – Use APTIMA Multitest Swab Collection Kit (orange); <sup>3</sup> – Use APTIMA Unisex Swab Collection Kit (white). Separate specimens should be submitted for Trichomonas or *Mycoplasma genitalium* testing.

#### Pertussis (Whooping Cough)

RRPL offers two testing options:

1. NAAT will be performed on nasopharyngeal swabs or other respiratory specimens submitted in UTM
2. Culture will be performed on nasopharyngeal swabs or other respiratory specimens submitted in Regan-Lowe media

It is recommended to submit 2 specimens when Pertussis is suspected: NAAT for improved sensitivity and Culture to isolate strains for surveillance and typing activities.

#### Fungal Culture (Mycology)

Submit Skin, Hair and Nail specimens using the Mycopak Collection Kit.

Stool and Swabs are NOT acceptable specimen types for Filamentous Fungal Culture and will not be tested.

When investigating a wound/abscess please submit tissue or fluid aspirate in sterile container.

#### Typing and Surveillance

To submit an isolate for Provincial Surveillance activities, use the RRPL Surveillance Strain Submission Form.

### CONTACT INFORMATION:

#### Roy Romanow Provincial Laboratory (RRPL)

5 Research Drive  
Regina, SK, Canada  
S4S 0A4

#### RRPL Customer Services:

Phone: **306-787-3131**  
Fax: **306-787-9122**  
Email: [SDCL.CustomerServices@health.gov.sk.ca](mailto:SDCL.CustomerServices@health.gov.sk.ca)  
Web: [RRPL-testviewer.ehealthsask.ca/](http://RRPL-testviewer.ehealthsask.ca/)