

Affix patient label



Eastern Health

Laboratory Medicine

Microbiology Referral

Name:

HCN:

Date of Birth:

SENDER'S INFORMATION

Laboratory Name and Address

Contact Phone

Ext:

Name of Technologist:

SENDER'S LABORATORY RESULTS

Identification

Susceptibility

Method

Method

Result (*attach print out*)

Result (*attach print out*)

SPECIMEN INFORMATION

Specimen number (*can affix label*)

Date of collection: DD/MONTH/YYYY

Date of subculture: DD/MONTH/YYYY

Isolation Site

- Blood CSF Biopsy tissue
 Sputum Urine Feces
 Abscess
 Other (*please specify*)

Date sent to HSC: DD/MONTH/YYYY

TESTS REQUIRED

- Identification ESBL detection
 MIC Evaluation Carbapenemase detection

ADDITIONAL COMMENTS:

- If campylobacter or anaerobes are suspected, include isolate on plate as well as Agar slant.
- It is the responsibility of the submitting laboratory to notify Medical Officer of Health, Infection Prevention and Control, Ward/Physician of significant results.
- Samples must be submitted on a separate work batch for Microbiology.
- Mixed culture will not be processed and an occurrence report will be filed.
- Please see Referral Specimen SOP for information regarding submission of samples.