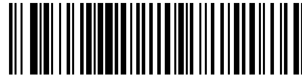
Eastern Health

Laboratory Medicine

Public Health and Microbiology Specimen Collection Requisition

For outpatients or internal during meditech downtime.



Name: ______________________

HCN: ______________________

Date of Birth: DD/MONTH/YYYY

Age: ______ Sex: _______ Unit/Ward: ______________

Address: ______________________

Physician Information (please use stamp)

Physician's Signature: ______________________

Physician's Mnemonic: ______________________

Date of Request: DD/MONTH/YYYY

Telephone Number: ______________________

Diagnosis: ______________________ Immunocompromised? ☐ Yes ☐ No

Antibiotics in use:

Travel History: ______________________

Type of Specimen: Please check appropriate box(es)

Collected by invasive method? ☐ Yes ☐ No

Sterile Body Fluids

- ☐ Blood (Specify site) ______________________
- ☐ Fluid (Specify site) ______________________
- ☐ Serum
- ☐ Plasma

Respiratory

- ☐ Expectorated Sputum
- ☐ Tracheal Aspirate (intubated)
- ☐ Bronchoscopy
- ☐ Throat Swab
- ☐ Nasal Swab (C&S)
- ☐ Nasopharyngeal Swab (PCR)

- ☐ **Stool** (Include duration of diarrhea) ______________________
- ☐ **Wound** Site: ______________________
- ☐ **Tissue** Site: ______________________

Urine

- ☐ Clean Catch (Midstream)
- ☐ In\Out Catheter
- ☐ Indwelling Catheter
- ☐ Suprapubic Catheter
- ☐ Cystoscopy

Urogenital

- ☐ Urethral swab
- ☐ Cervical Swab
- ☐ Vaginal Swab
- ☐ Vaginal/Rectal (Group B Strep)

Other samples / Comments

Test Requested:

- ☐ C&S
- ☐ HIV Screen
- ☐ Hepatitis Diagnosis Panel
- ☐ Virus (specify) ______________________
- ☐ TB Culture
- ☐ Syphilis Screen
- ☐ Hep B Immunity Screen
- ☐ O&P
- ☐ CT/NG Testing (Swab)
- ☐ Respiratory Panel
- ☐ Other (specify) ______________________
- ☐ Fungus
- ☐ CT/NG Testing (Urine)

Collected by:

Name: ______________________ Signature: ______________________

Date and Time of Collection: DD/MONTH/YYYY

Lab Specimen Number (Lab use only): ______________________