Cadham Provincial Laboratory

General Requisition

Manitoba Health

ONLY ONE SPECIMEN TYPE PER REQUISITION

All areas of the requisition must be completed (please print clearly)
See back for requisition/specimen instructions

Cadham Provincial Laboratory
P.O. Box 8450
750 William Avenue
Winnipeg, MB R3C 3Y1

Tel: (204) 945-6123
Fax: (204) 786-4770
E-mail: cadham@gov.mb.ca
Website: www.gov.mb.ca/health/publichealth/cpl

Stamp resident addressograph or affix label here

RELEVANT CLINICAL INFORMATION

Outbreak Code: [ ] X In-Patient ☐ Out-Patient

Travel/Treatment History:

☐ Autopsy ☐ Diabetes ☐ Food Borne Illness
☐ Cancer/Chemotherapy ☐ Dialysis

Signs and Symptoms:

☐ Bronchiolitis ☐ Fever ☐ Lymphadenopathy
☐ Conjunctivitis ☐ Gastrointestinal ☐ Pneumonia
☐ Chest Pain ☐ Headache ☐ Rash
☐ Diarrhea ☐ Influenza-Like Illness ☐ Sore Throat
☐ Encephalitis ☐ Jaundice

Other: _____

Reason for Test:

☐ Immigration ☐ Occupational ☐ Other: _____
☐ Needlestick ☐ Sexual Assault ☐ Pregnant ☐ Immune Status

SPECIMEN INFORMATION

Specimen Type: Stool

Specimen Source: Rectum

Collected At: (Facility) _____ Date/Time: YYYY/MM/DD HH:MM

COPY REPORT TO:

Other Practitioner: Last Name CD coordinator name here First Name

Facility: Your assigned facility number

Secure Fax #: 940-2690

PATIENT INFORMATION

PHIN: | MB Health Reg. #

Alternate ID: ☐ RCMP # ☐ Other Provinces/Territories ☐ Military # ☐ Other _____

Uninsured: ☐ Cheque/Money Order enclosed ☐ Payment to follow

Date of Birth: YYYY/MM/DD | Sex: M F U A | Chart/Clinic/Lab #

Patient Legal Last Name

First Name

Street or Other (e.g., General Delivery) | Phone #

City/Municipality/First Nations Reserve | Postal Code

RETURN REPORT TO:

Ordering Practitioner: Last Medical Director's name here First Initial(s)

Facility: Site name here

Facility Address: Site address | City/Town: Winnipeg

Postal Code | Phone # | Secure Fax #

SEROLOGY

Serology Test Panels (see #1 over)

☐ STI Panel ☐ Prenatal Panel
☐ Post Exposure: Source Panel (1, 2) ☐ Prenatal HIV OPT OUT (2)
☐ Post Exposure: Exposed Panel (1) ☐ Blood-borne Pathogen

HIV (4) ☐ HIV1/2Ab ☐ Syphilis Screen

Hepatitis

☐ HAV IgG (Immunity) ☐ HBsAb (Immunity)
☐ HAV IgM (acute HAV) ☐ HBsAg
☐ HBcAb (Total) ☐ HCV Ab

Nucleic Acid (Plasma Only) (5)

☐ HBV PCR/Quant ☐ HCV PCR/Quant ☐ WNV PCR
☐ HCV PCR/Qual ☐ HCV Genotyping

Miscellaneous Serology

	Acute	Immune Status		Acute	Immune Status
CMV	☐ IgM	☐ IgG	Parvo B19	☐ IgM	☐ IgG
EBV	☐ IgM	☐ IgG	Rubella	☐ IgM	☐ IgG
HSV	☐ IgM	☐ IgG	Toxoplasma	☐ IgM	☐ IgG
Measles	☐ IgM	☐ IgG	Varicella	☐ IgM	☐ IgG
Mumps	☐ IgM	☐ IgG	WNV	☐ IgM	

☐ Lyme Ab ☐ H. pylori Ab ☐ Mycoplasma pneumoniae IgM

PARASITOLOGY

☐ Ova & Parasites ☐ Pinworm Examination
☐ Blood Smears ☐ Skin Scrapings
☐ Identification

MICROBIOLOGY/BACTERIOLOGY

☐ C&S ☐ Chlamydia and Gonorrhea (NAAT)
☐ MRSA Screen ☐ Chlamydia DFA (Microtrak)
☐ VRE Screen ☐ GC Culture
☐ Clostridium difficile Toxin ☐ GBS Prenatal Screen
[X] Verotoxin Testing ☐ Spore/Sterilizer Testing

Referral Isolate:
☐ Identification ☐ Susceptibility Testing ☐ Subtyping

Isolate Information:

VIRUS DETECTION

☐ CMV PCR (NAAT) [X] Viral Detection ☐ HSV PCR (NAAT)

OTHER TESTS OR REQUESTS

MG-695 (Rev. Oct '05)

Affix one label to container housing specimen and one to the specimen bag

Name: TWO Identifiers required CPL
PHIN:

Name: TWO Identifiers required CPL
PHIN:

Specimen label stickers. Where necessary, please fill one in and affix to the accompanying specimen container.