Centre universitaire de santé McGill | McGill University Health Centre

# MICROBIOLOGY

*** Prescripteur /** Prescriber

*Nom & Prénom / Last & First name:

*No. Permis / Licence:

*Clinique, bureau / Clinic, office:

*Adresse pour le retour des résultats /

*Address for return of results:*

*No. téléphone :

*Signature: _____ *Date (AAYY/MM/JD):_____

**Diagnositic ou Renseignements Cliniques / Diagnosis or relevant information:*

**ANTIMICROBIAL?** ☐ YES ☐ No

*** Nom / last name:**

*** Prenom / first name:**

**No. de dossier ou RAMQ / MRN or RAMQ:**

**Adresse / Address:**

*** Date de naissance / Date of birth (AAYY/MM/JD):**

*** Sexe / Gender:**

*** Renseignements Obligatoire / *Mandatory Information**

*** Date et heure du prélèvement /** Date and time of collection

*20____/_____/_____ Heure / Time: _____*

**Prélevé par / collected by:**_____

## BLOOD
☐ **Catheter**
☐ **Peripheral**
_____
☐ **OTHER**:
_____

☐ *Bacterial culture*
☐ *Fungal culture (MycoF)*
☐ *Malaria*
☐ *Mycobacterial culture (MycoF)*
☐ *CMV Viral load*
☐ *EBV Viral load*
☐ *JC/BK Viral load*
☐ *HepB Viral load*
☐ *HepC Viral load*
☐ *HIV Viral load*
☐ *OTHER*_____

## BONE MARROW
☐ **Bone Marrow**

## BIOPSIE / TISSUE
***Specify Site:***
_____

☐ *Bacterial culture*
☐ *Fungal culture*
☐ *Mycobacterial culture*
☐ *Viral culture*
☐ *OTHER*_____

## EAR
***Specify:*** ☐ **Right** ☐ **Left**
☐ **External canal**
☐ **Middle ear canal**
☐ **OTHER**:_____

☐ *Bacterial culture*
☐ *Fungal culture*
☐ *Viral culture*
☐ *OTHER*_____

## EYE
***Specify:*** ☐ **Right** ☐ **Left**
☐ **Conjunctiva**
☐ **Vitreous** ☐**Cornea**
☐ **OTHER:**_____

☐ *Bacterial culture*
☐ *Fungal culture*
☐ *Viral culture*
☐ *OTHER*_____

## FLUID
☐ **Amniotic**
☐ **CSF** (site):_____
☐ **Dialysate**
☐ **Joint** (site):_____
☐ **Peritoneal**
☐ **Pericardial**
☐ **Pleura:** ☐ **Right** ☐ **Left**
☐ **OTHER**:_____

☐ *Bacterial culture*
☐ Cryptococcal antigen
☐ *Fungal culture*
☐ *Mycobacterial culture*
☐ *Viral culture*
☐ *****PCR for*** _____
****Needs Micro approval**
☐ *OTHER* _____

## GENITAL
☐ **Anal canal**
☐ **Cervix**
☐ **Recto-vaginal** (Group B Strep only)
☐ **Urethra**
☐ **Vagina** ☐ **Vulva**
☐ **OTHER**:_____

☐ *Bacterial culture*
☐ *Bacterial vaginosis*
☐ *Chlamydia / GC PCR*
☐ *GC culture (urethra or cervix)*
☐ Group B Strep screen
☐ HPV –women >30 y.o with ASCUS
**Attach PAP result**
☐ *HSV culture*
☐ *Trichomonas prep.*
☐ *Yeast culture*
☐ *OTHER* _____

## NOSE
☐ **Nose**

☐ *MRSA screen*
☐ *MSSA screen*

## RESPIRATORY
☐ **BAL**
☐ **Endotracheal aspirate**
☐ **Nasopharyngeal aspirate (NPA)/(NPS)**
☐ **Sinus**
☐ **Sputum**
☐ **OTHER**:_____

☐ *Bacterial culture*
☐ *B. pertussis PCR*
☐ *Flu A/B only*
☐ *Fungal culture*
☐ *Galactomannan Ag (BAL only)*
☐ *Mycobacterial culture*
☐ *Mycoplasma/Chlamydia PCR*
☐ *Respiratory virus PCR* ☐ *Viral culture*
☐ *OTHER* _____

## SKIN/NAIL/HAIR
☐ **Scraping:** ***Specify***
_____
☐ **Vesicle**
☐ **Slide (DFA)**
☐ **Swab (culture)**

☐ *Fungal culture*
☐ HSV DFA ☐HSV culture
☐ VZV DFA ☐VZV culture

## STOOL
☐ **Pinworm paddle**
☐ **Rectal swab**
☐ **Stool**
☐ **OTHER**:_____

☐ *Bacterial culture*
☐ *Clostridium difficile*
☐ *Diarrheal parasites* (by PCR)
☐ *Microscopy for Ova, Microsporidium*
☐ *Pinworm*
☐ *Rotavirus*
☐ *Viral culture*
☐ *VRE screen*
☐ *Yeast culture*
☐ *OTHER* _____

## THROAT
☐ **Throat**

☐ *Beta strep culture only*
☐ *OTHER* _____

## URINE
☐ **Bladder tap**
☐ **Cystoscopy**
☐ **In/Out Catheter**
☐ **Indwelling catheter**
☐ **Midstream**
☐ **Nephrostomy**
☐ **Pediatric Bag**
☐ **Suprapubic catheter**
☐ **OTHER:**_____

☐ *Bacterial culture*
☐ *Chlamydia/GC*
☐ *CMV*
☐ *Legionella Ag*
☐ *Mycobacterial culture*
☐ *****PCR for***_____
****Needs Micro approval**
☐ *O+P (Schistosoma)*
☐ *Viral culture*
☐ *OTHER* _____

## WOUNDS
☐ **Surgical site:** (Specify)
_____
☐ **Non-Surgical site:**
_____

☐ *Bacterial culture*
☐ *Deep* (anaerobic)
☐ *Fungal culture*
☐ *Mycobacterial culture*
☐ *OTHER* _____

**OTHER:**