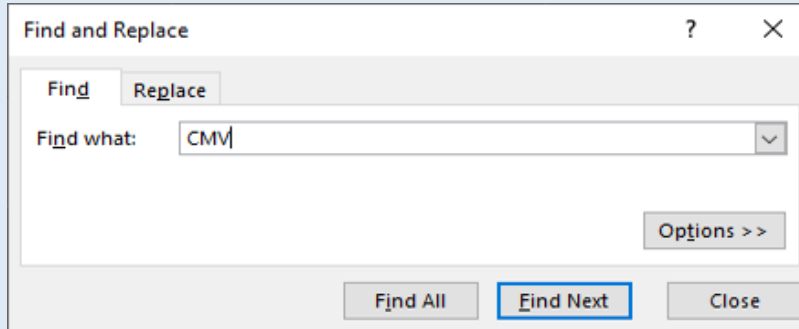


Guide to Laboratory Services Test Dictionary: Microbiology specimen ordering, collection and transport

Source	Order Entry (OE) Test Name Alternate Names	Lab mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/ Required Requisition	Additional information
Anatomical source of specimen	Order Entry (OE) Test name with a list of alternate names	Lab mnemonic used to place order in Meditech	Details of specimen collection	Accepted collection containers	Storage and transport information.	Referral test sites, required requisitions	Additional information such as microbiology procedures included with the order or special safety precautions

User Tip: Use the search function by pressing CTRL+F.
Type the name of the test or pathogen you are looking for in the box:
e.g.



The image shows a standard Windows-style 'Find and Replace' dialog box. The title bar reads 'Find and Replace' with a question mark and a close button. There are two tabs: 'Find' (selected) and 'Replace'. The 'Find what:' text box contains the text 'CMV'. Below the text box is an 'Options >>' button. At the bottom of the dialog are three buttons: 'Find All', 'Find Next' (which is highlighted with a blue border), and 'Close'.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
14-3-3 Protein – see CJD							
Abdominal (GI) Fluid	Fungus-Fluid/Aspirate Fungal Culture (Dimorphic/Filamentous) Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist. Includes surgically collected fluid from gastrointestinal/abdominal sources such as appendix, bile, gallbladder, pancreas, subphrenic. If abscess aspirate, please see "Abscess/Pus- Needle Aspirate"	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	OR Fluid/Aspirate C&S Bacterial culture	CUORFLUID	Includes surgically collected fluid from gastrointestinal /abdominal sources such as appendix, bile, gallbladder, pancreas, subphrenic or peritoneal cavity. If abscess aspirate, please see "Abscess/Pus- Needle Aspirate" If drainage material, please see "Fluid- Drainage Tube"	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation If abscess aspirate, please see "Abscess/Pus- Needle Aspirate" If drainage material, please see "Fluid- Drainage Tube"
	TB/Mycobacteria-Fluid/Aspirate Mycobacterium (TB) Culture AFB Culture TB Culture	TBFLUID	Includes surgically collected fluid from gastrointestinal/abdominal sources such as appendix, bile, gallbladder, pancreas, subphrenic. If abscess aspirate, please see "Abscess/Pus- Needle Aspirate"	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
Abscess/Pus (Fluid)	Fluid/Aspirate C&S- Abscess Burkholderia pseudomallei (Meloidosis) Nocardia Quinsy (Tonsillar abscess)	CUABSCSSD	If Burkholderia pseudomallei is suspected, please contact microbiologist before collecting specimen, as special laboratory precautions are required. Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation (unless received on a swab)
	Fungus- Abscess Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides other filamentous fungi	MYCABSCSS	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Abscess Mycobacterium (TB) Culture AFB Culture TB Culture	TBABSCSS	Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store refrigerated (4°C) Transport to lab as soon as possible	BCCDC - no requisition required for send out	
Abscess/Pus (Swab)	Wound C&S- Abscess/Pus (Swab) Quinsy (Tonsillar abscess) Candida/Yeast Culture - see Wound C&S- Abscess/Pus(Swab)	CUABSCSS	Proper preparation of site prior to specimen collection is critical for accurate culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Pass swab deep into lesion, firmly sampling the advancing margin.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Swabs are suboptimal specimens. Aspirated pus is specimen of choice. Order includes Gram stain and culture including Yeast (Candida) Anaerobic culture will be done on aspirated specimens
Abscess/Pus- Needle Aspirate	Fluid/Aspirate C&S- Abscess Burkholderia pseudomallei (Meloidosis) Nocardia Quinsy (Tonsillar abscess) Actinomyces Fusobacterium (Lemierre Syndrome)	CUABSCSSD	If Burkholderia pseudomallei is suspected, please contact microbiologist before collecting specimen, as special laboratory precautions are required. Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation (unless received on a swab) Fluid/pus collected onto a swab is suboptimal. If specimen collected intraoperatively, please refer to source "OR (Intraoperative) specimens"
	Fungus- Abscess Fungal Culture (Dimorphic/ Filamentous) Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma other filamentous fungi	MYCABSCSS	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Fluid/pus collected onto a swab is suboptimal.

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Abscess/Pus- Needle Aspirate cont'd	TB/Mycobacteria-Abscess Mycobacterium (TB) Culture AFB Culture TB Culture	TBABSCESS	Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Store refrigerated (4°C) Transport to lab as soon as possible	BCCDC- no requisition required for send out	Fluid/pus collected onto a swab is suboptimal.
Allograft Bone/ Tissue	OR Implant/Medical Device C&S Sterility Culture Bone Bank	CUORIMPLANT	Sterility culture of purchased bone or tissue (e.g. heart valves, meniscus, tendons, corneas) submitted to lab just prior to transplant. Submit small portion of bone or tissue in sterile saline. Alternately the identification tag or storage solution can be submitted.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Swabs of bone or tissue are sub-optimal.
	Tissue C&S C&S (Routine Culture)	CUTISSUE	Sample from post transplant infection.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
Amniotic Fluid	Fluid/Aspirate C&S Group B Streptococcus Listeria	CUFLUID	Aspirated fluid via amniocentesis, caesarian section or intrauterine catheter. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation Swab or aspirate of vaginal membrane is suboptimal.
	TB/Mycobacteria-Fluid/Aspirate	TBFLUID	Aspirated fluid via amniocentesis, caesarian section or intrauterine catheter. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
	Toxoplasma PCR Toxoplasma gondii Toxoplasmosis	TOXOPPCR	Minimum 10 mL. Must be accompanied by a blood sample (see Toxoplasma Serology)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
Autograft Bone/ Tissue	OR Implant/Medical Device C&S Sterility Culture Bone Bank	CUORIMPLANT	Sterility culture of bone or skin harvested from a donor for personal use in a future surgery. Sterility cultures are performed immediately upon harvest, and then again just prior to transplant back into patient. Submit small portion of bone or tissue in sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Swabs of bone or tissue are sub-optimal.
	Tissue C&S	CUTISSUE	Sample from post transplant infection.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
Biopsy	**Patients ≥18 years CMV PCR Adult	**Patients ≥18 years CMVPCRADULT	Gastric biopsy	Biopsy must be submitted in viral transport medium (e.g. Copan UTM vial)	Refrigerate and ship on ice	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	See also CMV Virus Viral Load Order will be reviewed by a IH microbiologist
	Actinomyces Biopsy C&S Bacillus(Anthrax) Granuloma inguinale Donovanosis Francisella (Tularemia) Gas gangrene Klebsiella granulomatis Necrotizing fasciitis Nocardia	CUBIOPSY	If Anthrax or Rabies is suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Surgically collected tissue/biopsy specimen Submit tissue/biopsy in small amount of sterile saline. If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint.	Sterile screw cap container Submit tissue/biopsy in small amount of sterile saline. Label with source of biopsy, especially if multiple samples submitted.	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Fungus-Tissue/Biopsy Fungal Culture (Dimorphic/ Filamentous) Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Other Filamentous fungi	MYCTISSUE	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Surgically collected tissue/biopsy specimen Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container Submit tissue/biopsy in small amount of sterile saline. Label with source of biopsy.	Store at room temperature Transport to lab as soon as possible	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	H pylori C&S	CUHPYLOSC	Order must be approved by an IH Microbiologist, at least 4 days prior to collection. Special transport media is required. Acceptable specimens: Gastric biopsy	Laboratory requires 4 days advance notice prior to gastric biopsy. Media: Portagerm pylori	Transport to lab immediately after collection. Transport at room temperature and protected from light. Specimen must arrive at the microbiology lab < 12 hours after collection.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order will be reviewed by a IH microbiologist.
	H pylori Resistance PCR (CLR)	*Orderable by LAB only HPYLOSPCR	Acceptable specimens: Gastric biopsy into sterile container	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Biopsy cont'd	Leishmania Culture or Leishmanian PCR Leishmania donovani Leishmania spp	*Orderable by LAB only LEISHSC or LEISHSPCR	**Special culture media needs to be prepared at testing site** Consult IH microbiologist before collection if possible Acceptable specimen(s): Biopsy material (spleen, liver, lymph node) collected into sterile container	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Monkeypox Virus Skin Lesion	MONPOXLESION	Biopsy of lesion or scrapings from crust material	Sterile screw-capped container	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 If scrapings: Store and ship refrigerated (4°C). If biopsy: Store frozen (-20°C) and ship on dry ice Transport to lab within 12 hrs	BCCDC- PHSA Virology Requisition See bottom of page for link	
	Rabies Virus PCR Rabies Rabiesvirus	*Orderable by LAB only RABIESPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Nuchal skin biopsy, at least 5 mm diameter, with several hair follicles	Sterile screw capped container with moistened gauze beside tissue but DO NOT wrap tissue.	Store and ship refrigerated or frozen (-20°C)	BCCDC- PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	TB/Mycobacteraia-Tissue/Biopsy Mycobacterium(TB) Culture AFB Culture TB Culture	TBTISSUE	Surgically collected tissue/biopsy specimen Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container Submit tissue/biopsy in small amount of sterile saline. Label with source of biopsy.	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- no requisition required for send out	
Blood	Adenovirus Viral Load Molecular testing - quantitative	ADENOVL	2 mL of blood (optimal), minimum 1 mL	Red top tube, no additive	Store and ship refrigerated	BC Children's Hospital-Virology (XCHV)- Complete BCCW Outpatient requisition	Order will be reviewed by a IH microbiologist Blood collected in EDTA (purple top), Gel Separator (Gold top), Heparin (Green top) tubes are not acceptable specimens for this assay.
	Adult venipuncture: Blood C&S -Venipuncture Adult line collection: Blood C&S - Line Collection Pediatric (<20kg): Blood C&S -Pediatric <35kg	Adult venipuncture: CUBLOOD Adult line collection: CUBLOODLINE Pediatric (<20kg): CUBLOODP	If Anthrax, Brucella, Burkholderia pseudomallei or Francisella (tularemia) is suspected, please contact microbiologist before collecting specimen as special laboratory precautions are required. Lab Staff: Please refer to CS 0029 "Collecting a Blood Sample for Blood Culture Procedure" in SoftTech Adults: Collect 2 sets concurrently from one venipuncture site. Each set consists of one AEROBIC and one ANAEROBIC bottle. If one set of cultures is drawn from an indwelling vascular line, then this MUST be paired with an additional set drawn peripherally (venipuncture). Optimal volume per bottle is 8-10ml. If less than 3 ml blood obtained, put entire collection into "pediatric" bottle. Collection of more than 2 sets (4 bottles) from an adult patient in a 24 hour period (including endovascular infections / endocarditis) is not recommended and requires approval of microbiologist / pathologist. Pediatric (<20kg): Collect one pediatric bottle.	Aerobic Bottle: BacT/ALERT FA (green) Anaerobic Bottle: BacT/ALERT FN (orange) Pediatric Bottle: BacT/ALERT PF (yellow) Bottles are stored at room temperature and protected from light.	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	Routine blood culture includes culture for yeast (no need for separate order) Please specify specific bacterial pathogens that may be suspected. Please indicate if patient has prosthetic device, valve implant. Blood cultures are continuously monitored and all positive results are phoned
	Anaplasma Serology Ehrlichiosis Human granulocytic ehrlichiosis anaplasmosis	ANAPLAS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Order will be reviewed by a IH microbiologist
	Anti-DNAse B Titre S. pyogenes serology DNAse	DNASE	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	This test is performed at BCCDC as a second line test to ASOT. It requires inclusion of clinically relevant information before processing.
	Anti-Streptolysin O (ASOT) Streptococcus pyogenes serology	ASOTS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	When test/clinical results indicate, anti-DNAse B testing may also be performed
	Babesia Serology Babesiosis	BABESS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Serology will be performed only after smears are negative from 3 different collection dates. Order will be reviewed by a IH microbiologist

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood cont'd	Bartonella henselae PCR Cat scratch disease, Bartonella henselae Bartonella quintana	BARTOSPCR	EDTA whole blood (Min. 1 mL)	EDTA (lavendar top), 1 tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	
	Bartonella henselae serology Cat scratch serology	BARTOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Order will be reviewed by a IH microbiologist
	**Patients ≥18 years BKV Viral Load Adult unless - patient followed by Alberta Health Services: BKV PCR/Viral Load (Calgary) Polyoma Virus	**Patients ≥18 years BKVLADULT unless - patient followed by Alberta Health Services: BKVPCRFB	Depending on the institute that is following the patient, specimens are sent to: SPH (St.Paul's Hospital) - Patients ≥18 years -EDTA plasma (2mL) OR Foothills Hospital, Calgary - 5-7mL EDTA tube, 2 mL acceptable for infants	7 mL (or 2x4mL) EDTA tube (lavendar top)	SPH: Centrifuge EDTA and aseptically remove plasma (min 2 mL) within 6 hours of collection. Store at -20°C and ship frozen to XSP (St.Paul's Hospital) Foothills: Refrigerate specimen and ship on ice (to be received within 48 hrs of collection)	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link or Foothills: Indicate Alberta institute following patient on requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Patients <18 years BKV Viral Load Pediatric	**Patients <18 years BKVLPEP unless - patient followed by Alberta Health Services: BKVPCRFB	Depending on the institute that is following the patient, specimens are sent to: BC C&W (BC Childrens) - Patients <18 years -Whole blood (red-top vacutainer) **DO NOT SUBMIT blood collected in EDTA (purple top), Gel Separator (Gold top)or Heparin (Green top). OR Foothills Hospital, Calgary - 5-7mL EDTA tube, 2 mL acceptable for infants	BC C&W: Whole blood (Red topped tube) - optimal 2 mL Foothills (Calgary) EDTA plasma (4 mL)	BC C&W: Store and ship refrigerated. Stable for up to 7 days. Store and ship at -20°C if longer than 7 days. Foothills: Refrigerate specimen and ship on ice (to be received within 48 hrs of collection)	BC C&W (BC Childrens) - Complete BCCW Outpatient requisition BCCDC (see bottom of page for link) or Foothills Calgary	Order will be reviewed by a IH microbiologist
	Blastomyces Serology Blastomycosis	BLASTOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Testing for long standing infections. If acute infection submit with urine antigen (see below) Order will be reviewed by a IH microbiologist
	Borrelia (Lyme) Serology Lyme disease, Lyme serology Borrelia burgdorferi serology	BORRIS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Order will be reviewed by a IH microbiologist.
	Borrelia hermsii Serology Relapsing fever	BORRISHS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Order will be reviewed by a IH microbiologist.
	Botulism serology		This testing is not available in BC. Consult IH microbiologist for testing options				
	Brucella Serology Brucella spp Brucellosis Undulant fever	BRUCES	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Order will be reviewed by a IH microbiologist
	Burkholderia Serology Burkholderia pseudomallei Meliodosis Whitmore's disease	BURKHS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Order will be reviewed by a IH microbiologist
	CaliforniaEncep Virus Serology California Encephalitis Virus Jamestown Canyon Virus Snowshoe Hare Virus	CEVS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	
	Chikungunya Virus PCR	*Orderable by LAB only CHIKUSPCR	EDTA blood - collect 7 mL	EDTA (purple top) blood tube	Refrigerate and ship on ice.	Requisition: PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Only specimens collected during the first week after the onset of symptoms should be tested by both serological and molecular methods.
	Chlamydia trachomatis serology		Test not available at BCCDC or NML				
	Clostridium botulinum Botulism Infant botulism	*Orderable by LAB only CLOBOTI	** Contact IH Microbiologist – must be approved*** <u>Adult patient:</u> Blood (clotted) 30mL (at least 4 SST tubes) collected before anti-toxin is administered <u>Infant botulism:</u> Blood (clotted), at least 3 mL, 10-30mL preferred collected before anti-toxin is administered	4 SST (gold topped) tubes	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Food Poisoning Requisition See bottom of page for link	Investigation of possible botulism involves the attending physician, the medical health officer, the medical microbiologist (IHA), and the following people at BCCDC: Medical microbiologist, pharmacy and epidemiologist.

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood cont'd	CMV Acute Infection Serology CMV IgM Cytomegalovirus serology TORCH	CMVIGGM	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	TORCH is no longer an orderable test in IHA. Specific serology should be ordered for investigation of congenital infections after consultation with pediatric ID or maternal/fetal specialist.
	CMV Immune Status Serology CMV IgG Cytomegalovirus serology	CMVIGG	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	**Patients ≥18 years CMV Viral Load Adult unless - patient followed by Alberta Health Services: CMV PCR/Viral Load (Calgary)	**Patients ≥18 years CMVVLADULT unless - patient followed by Alberta Health Services: CMVPCRFB	Depending on the institute that is following the patient, specimens are sent to: SPH (St.Paul's Hospital) - Patients ≥18 years -EDTA plasma (2mL) OR Foothills Hospital, Calgary - 5-7mL EDTA tube, 2 mL acceptable for infants	7 mL (or 2x4mL) EDTA tube (lavendar top)	SPH: Centrifuge EDTA and aseptically remove plasma (min 2 mL) within 24 hours of collection. Store plasma at 2-8°C for up to 6 days, and ship refrigerated to XSP (St.Paul's Hospital). Store and ship at -20°C if >6 days. Foothills: Refrigerate specimen and ship on ice (to be received within 48 hrs of collection)	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link or Foothills: Indicate Alberta institute following patient on requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Patients <18 years CMV Viral Load Pediatric	**Patients <18 years CMVVLPEP unless - patient followed by Alberta Health Services: CMVPCRFB	Depending on the institute that is following the patient, specimens are sent to: BC C&W (BC Childrens) - Patients <18 years -Whole blood (red-top vacutainer) **DO NOT SUBMIT blood collected in EDTA (purple top), Gel Separator (Gold top)or Heparin (Green top).	BC C&W: Whole blood (Red topped tube) - optimal 2 mL Foothills (Calgary) EDTA plasma (4 mL)	BC C&W: Store and ship refrigerated. Stable for up to 7 days. Store and ship at -20°C if longer than 7 days. Foothills: Refrigerate specimen and ship on ice (to be received within 48 hrs of collection)	BC C&W (BC Childrens) - Complete BCCW Outpatient requisition (see bottom of page for link) or Foothills Calgary	Order will be reviewed by a IH microbiologist
	Coccidioides Serology Coccidioides immitis Coccidioidomycosis	COCCIDIOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. Requisition: PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Testing for long standing infections. If acute infection submit with urine antigen (see below) Order will be reviewed by a IH microbiologist
	Covid-19 Serology 2019 nCoV, Coronavirus SARS-COV-2 IgG SARS-COV-2 IgM SARS-COV-2 Total Antibody	COVIDSEROLOGY (if approval obtained) or COVIDSERND (if approval NOT obtained) - see Additional Information column	3 mL (minimum) of clotted blood or 1 mL serum	SST, 1 tube (uncentrifuged) or 1 mL serum in sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Serology Screening Requisition See bottom of page for link	COVIDSEROLOGY order requires approval from Dr. Mel Krajden (BCCDC) or an IH Medical Microbiologist. Patient requires a requisition indicating approval has been obtained by one of these people. If approval has not been obtained, order COVIDSERND. Specimen can be collected and refrigerated for 7 days, pending possible approval.
	Coxiella (Q Fever) Q fever Coxiella burnetii	COXIES	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	COXIES / Coxiella (Q Fever) Serology
	Coxsackie Virus Serology Enterovirus Echovirus Poliovirus Gastroenteritis Hand foot and mouth	*Orderable by LAB only COXSACKIE	Serological testing for Coxsackie viruses (and other Enteroviruses) is not routinely available. Continue placing and receiving the order even though a specimen will NOT be collected. The order will auto-result with a canned comment and no further action is required. Order will be reviewed by a IH microbiologist	No specimen to be collected			
	Dengue Fever Virus PCR Breakbone fever Arbovirus infections Flavivirus	*Orderable by LAB only DENGUSPCR	Venous blood (7mL)	EDTA (purple top)	Refrigerate and ship on ice to BCCDC (forwarded to NML).	BCCDC/NML - Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Dengue Fever Virus Serology Breakbone fever Arbovirus infections Flavivirus	DENGUS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
Diphtheria Serology (Immunity)	DIPHTHA	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Testing will be performed on patients < 17 years of age or organ transplant patients. Exception: If request is for immunodeficiency testing and ordered by an immunologist. Collect and send the specimen with the requisition containing the 'pre-approved' sticker. Orders will be reviewed by a IH microbiologist	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood cont'd	E histo (Amoebiasis) Serology Amoebic liver abscess Amoebiasis	EHISTOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history required on requisition. BCCDC - Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Ebola Serology *SAFETY*	EBOLAS	** Safety Alert** Consult IH Microbiologist before specimen collection. Microbiologist must activate ERAP prior to sendout. Special collection procedure in SoftTech must be followed. (CS 0039) Acceptable specimens: Clotted blood (7mL) or 2mL serum	SST , 2 tubes (uncentrifuged) containing 7 mL each	Store and ship refrigerated as TDG Category A to XCDC (forwarded to NML) *Microbiologist must activate ERAP prior to sendout*	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
	Ebola Virus PCR *SAFETY*	EBOLAPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Microbiologist must activate ERAP prior to sendout. Special collection procedure in SoftTech must be followed. (CS 0039) Collect EDTA blood – 2 tubes	EDTA blood – 2 tubes (uncentrifuged) containing 5 mL each	Store and ship refrigerated as TDG Category A to XCDC (forwarded to NML) *Microbiologist must activate ERAP prior to sendout*	BCCDC/NML - PHAC Requisition for Special Pathogens See bottom of page for link	
	EBV Acute Infection Serology EBV IgM Epstein Barr virus serology	EBVIGGM	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	EBV Immune Status Serology EBV IgG Epstein Barr virus serology	EBVIGG	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	**Patients ≥18 years EBV Viral Load Adult unless - patient followed by Alberta Health Services: EBV PCR/Viral Load (Calgary) Polyoma Virus	**Patients ≥18 years EBVLADULT unless - patient followed by Alberta Health Services: EBVPCRFB	Depending on the institute that is following the patient, specimens are sent to: SPH (St.Paul's Hospital) - Patients ≥18 years -EDTA plasma (2mL) OR Foothills Hospital, Calgary - 5-7mL EDTA tube, 2 mL acceptable for infants	7 mL (or 2x4mL) EDTA tube (lavendar top)	SPH: Centrifuge EDTA and aseptically remove plasma (min 2 mL) within 6 hours of collection. Store at -20°C and ship frozen to XSP (St.Paul's Hospital) Foothills: Refrigerate specimen and ship on ice (to be received within 48 hrs of collection)	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link or Foothills: Indicate Alberta institute following patient on requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Echinococcus Serology Echinococcus granulosus Hydatidosis hydatid cyst Dog tapeworm	ECHINOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history required on requisition. BCCDC - Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Ehrlichia Serology Ehrlichiosis	EHRLICIS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history required on requisition. BCCDC- Complete PHSA Serology Screening Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Fasciola Serology Liver fluke Fasciola hepatica fasciolosis	FASCIOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Include relevant travel history on requisition. BCCDC- PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Filaria Serology Filariasis Wucheraria bancrofti Brugia malayi Loa loa Mansonella ozzardi, Mansonella perstans Elephantiasis Loiasis Onchocerciasis Wucheriasis	FILARS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history required on requisition. BCCDC- PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
Francisella (Tularemia) Serolog	FRANCIS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood Cont'd	Fungus- Blood/Bone Marrow Fungal Culture (Dimorphic/Filamentous) Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides	MYCBLOOD	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Minimum 5 ml of blood collected into SPS tube. Clotted blood is unacceptable for fungal examination	SPS	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	BCCDC -Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	H pylori Serology	CDCHPYLOIS	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Hanta Virus PCR Hantaan virus Sin Nombre virus	HANTASPCR	** Safety Alert** Consult IH Microbiologist Special transport (TDG A) required (for all specimens collected) Note: Testing requires IH microbiologist approval. EDTA whole blood (4 mL tube)	Blood: EDTA (purple top) tube	Store and ship refrigerated as TDG Category A to XCDC (forwarded to NML)	Travel or contact/exposure history required on requisition. BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
	Hanta virus Serology Hantaan virus Sin Nombre virus Hantavirus pulmonary syndrome (HPS) hemorrhagic fever with renal syndrome	HANTAS	**Safety Alert** Consult IH Microbiologist Special transport (TDG A) required (for all specimens collected) Note: Testing requires IH microbiologist approval. Clotted blood (7 mL)	SST , 1 tube (uncentrifuged)	Do not centrifuge – ship intact SST tube Store and ship refrigerated as TDG Category A to XCDC (forwarded to NML)	Travel or contact/exposure history required on requisition. BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Lab staff: Refer to SA 0201 Hantavirus Serology Ordering and Communication Process
	Herpes "B" Virus Sero *SAFETY* Monkey B virus Macacine herpesvirus herpesvirus simiae	HERPESVB	** Safety Alert** Consult IH Microbiologist before specimen collection. Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated as TDG Category A to XCDC	NML - PHAC Special Pathogens requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Herpes (HSV) Serology IgG Herpes simplex virus type 1&2 TORCH	HERPESIGG	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- Complete PHSA Serology Screening Requisition	Serological testing for Herpes specifies between type 1 and type 2. TORCH is no longer an orderable test in IHA. Specific serology should be ordered for investigation of congenital infections after consultation with pediatric ID or maternal/fetal specialist.
	HSV Serum PCR	HSVSERUMPCR	Blood (2 mL)	Red top tube, no additive	Store and ship primary tube refrigerated to XCH	BC Children's Hospital - Complete BC Children's Rapid Microbiology (including Virology) requisition See link at bottom of page	Neonates only (< 30 days old) All other patients require microbiologist approval
	Histoplasma Serology Histoplasmosis Histoplasma capsulatum Histoplasma duboisii	HISTOPS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Testing for long standing infections. If acute infection submit with urine antigen (see below) Note: Order will be reviewed by a IH microbiologist
	HTL Virus I/II PCR Human T Lymphotropic Virus Adult lymphoma/ leukemia (ATLL)	*Orderable by LAB only HTLVSPCR	EDTA whole blood (2x 4mL tubes)	EDTA (purple top) tube x2	Store and ship at room temperature to XCDC (forwarded to NML)	BCCDC- PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	HTL Virus I&II Serology IgG Human T Lymphotropic Virus Adult lymphoma/ leukemia (ATLL)	HTLVS	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Human herpesvirus-6(HHV-6) PCR HHV6 Human herpesvirus 6 Roseola infantum	*Orderable by LAB only HHERP6PCR	Blood (2 mL)	Blood in red topped tube, no additive	Store and ship refrigerated to XCH	BCCW- Complete BC Children's & Women's Outpatient Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Human herpesvirus-8(HHV-8) PCR HHV8 Human herpesvirus 8 Kaposi's sarcoma	*Orderable by LAB only HHERP8PCR	7 mL EDTA tube (or 2x 4mL tubes)	EDTA (purple top) tube	Centrifuge and aseptically remove plasma (min 2 mL) within 6 hours of collection. Store at -20°C and ship frozen to XSP (St.Paul's Hospital)	SPH	Order will be reviewed by a IH microbiologist
	Human Papilloma Virus		Note: There are no serological or immune status testing available for this virus.				
	Japanese Encephalitis Serology	JAPANES	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood cont'd	Legionella Serology Legionella spp Legionella pneumophila	LEGIONS	Legionella serology is not generally recommended and requires IH microbiologist approval. Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	The preferred test to diagnose Legionella infection is Legionella urine antigen or a respiratory specimen for Legionella PCR. Legionella serology is not generally recommended and requires IH microbiologist approval. Order will be reviewed by a IH microbiologist
	Leishmania Serology Leishmania donovani, Leishmania spp leishmaniasis	LEISHS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Note: Order will be reviewed by a IH microbiologist
	Leptospira PCR Leptospirosis	*Orderable by LAB only LEPTOSPCR	EDTA blood (1 tube)	EDTA whole blood	Store and ship refrigerated to XCDC (forwarded to NML) NML suggests overnight shipping.	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Leptospira Serology Leptospirosis	LEPTOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	Travel history required on requisition. BCCDC- Complete PHSA Serology Screening Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Lymph Choroemen Virus Serology Lymphocytic choroemeningitis virus	LCMVS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	
	Measles Acute Infection Serology Measles IgM Rubeola serology Red measles	MEASLEIGGM	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Measles Acute Infection Serology Mumps IgM	MUMPSIGGM	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Measles Immune Status Serology Measles IgG Rubeola serology Red measles	MEASLEIGG	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Meningococcal Antibody Titre Neisseria meningitidis serology Meningococcal Polysaccharide Antibody Titre	MENINGOAB	Testing will only be performed on patients who have received an organ transplant. Pre-vaccine and post-vaccine (2 weeks after) samples must be submitted Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to reference lab)	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Meningococcus PCR Meningococcal Neisseria meningitidis	*Orderable by lab only MENINGOC	Consult with microbiologist prior to specimen collection. Whole blood (2 mL)	EDTA tube	Store refrigerated (4°C) or at room temperature. Ship to BC Children's and Women's Hospital microbiology laboratory Routine testing is offered Mon-Fri. Urgent testing requires C&W microbiologist approval.	BC Children's Hospital - Complete BCCW Outpatient requisition See link at bottom of page	
Monkeypox Virus Blood	*Orderable by LAB only MONPOXBL	EDTA whole blood	IH Microbiologist approval required - Recommended sample type is skin swab or biopsy of lesion	EDTA (lavendar top), 1 tube	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 Store and ship refrigerated (4°C). Transport to lab within 12 hrs	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	For individuals who do not have skin lesions and are suspected to be in the first stage of illness (prodrome). Please discuss with a microbiologist on call before collecting and submitting these sample types.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood cont'd	Monkeypox Virus Serology	*Orderable by LAB only MONPOXSER	Clotted blood (7mL) or 2mL serum IH Microbiologist approval required.	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 Store and ship refrigerated (4°C). Transport to lab within 12 hrs	BCCDC- no requisition required for send out	For individuals who have passed the first and second clinical stages, and in whom monkeypox was suspected.
	Mumps Immune Status Serology Mumps IgG	MUMPSIGG	Blood (7 ml)	red-top tube	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Mycoplasma pneumoniae IgM Serology	MYCOPLIGGM	Mycoplasma pneumoniae IgM serology is no longer available. If an acute infection is suspected, please submit a sputum or bronchoscopy specimen for Mycoplasma PCR (see below) Continue placing and receiving the order even though a specimen will NOT be collected. The order will auto- result with a canned comment and no further action is required.	No collection			Order will be reviewed by a IH microbiologist
	Non-Malaria blood parasite test Babesia Filaria Leishmania	*Orderable by Lab only PARABL	EDTA blood, 1 tube	EDTA blood, 1 tube	Make 6 thin and 6 thick smears within 1 hour of collection and send with EDTA tube Ship to performing site	Testing is performed in IH lab referral sites. PRH, KGH, VJH, RIH, or EKH.	
	Paracoccidioides Serology Paracoccidioides brasiliensis	PARACS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	Travel history is required on requisition. BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See link at bottom of page	Note: Order will be reviewed by a IH microbiologist
	Paragonimus Serology Paragonimiasis, lung fluke	PARAGS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	Travel history is required on requisition. BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See link at bottom of page	Order will be reviewed by a IH microbiologist
	Parechovirus PCR encephalitis sepsis-like illness meningoencephalitis	PAECHPCR	Red top - 1 tube min 1mL	Red-top tube	Store and ship refrigerated to XCHV (BC Children's Hospital-Virology)	BCCW - Complete BC Children's & Women's Outpatient Requisition See link at bottom of page	
	Parvovirus B19 Acute Infection Serology Parvovirus B19 IgM Fifth disease serology	PARVOIGGM	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Parvovirus B19 Immune Status Serology Parvovirus B19 IgG Fifth disease serology	PARVOIGG	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Parvovirus PCR	PARVOPCR	IH Microbiologist approval required. Blood (2 mL)	Red-top Vacutainer (no additive).	Store and ship refrigerated to XCHV (BC Children's Hospital-Virology)	BCCW: Complete BC Women's and Children's Outpatient Requisition See link at bottom of page	
	R.rickettsii (Rocky Mnt) Sero Rocky Mountain Spotted Fever Serology Brazilian spotted fever Rickettsia rickettsii	RICKERS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- PHSA Zoonotics Diseases & Emerging Pathogens Requisition See link at bottom of page	Order will be reviewed by a IH microbiologist
	R.typhi (Typhus Fever) Sero Rickettsia typhi Murine typhus Typhus fever	RICKERTS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Rabies Virus Serology Rabies Rabiesvirus	RABIES	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	NML- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	State reason for testing on requisition (eg. post vaccine) Order will be reviewed by a IH microbiologist
	Rubella Acute Infection Serology Rubella virus German measles TORCH	RUBELIGGM	Clotted blood (7 ml)	SST (gold top)	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	TORCH is no longer an orderable test in IHA. Specific serology should be ordered for investigation of congenital infections after consultation with pediatric ID or maternal/fetal specialist.
	Rubella Immune Status Serology Rubella virus German measles	RUBELIGG	Clotted blood (7 ml)	SST (gold top)	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	
	Schistosoma Serology Bilharzia Schistosoma mansoni S. haematobium S. japonicum Schistosomiasis	SCHISTOS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	Travel history is required on requisition. NML: Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood cont'd	Serological testing Streptococcus pneumoniae IgG antibodies PN23	*Orderable by LAB only PNEIGG	Serological testing to determine immune competence. MSP approval required before shipping. If ordered by a doctor other than an immunologist, IH microbiologist must approve.	SST, 1 tube, >0.5mL	Store and ship refrigerated or frozen to Mayo Clinic	Mayo Clinic - Complete Mayo Clinic General Request form See bottom of page for link	
	Strongyloides Serology Strongyloides stercoralis Strongyloidiasis	STRONGS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Syphilis Screen EIA/RPR Treponema pallidum TORCH	SYPHISC	Clotted blood (7 ml)	SST (gold top)	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	Screening by Enzyme Immunoassay. Testing algorithm will be followed including confirmatory testing (RPR, VDRL etc). TORCH is no longer an orderable test in IHA. Specific serology should be ordered for investigation of congenital infections after consultation with pediatric ID or maternal/fetal specialist.
	Taenia Solium Serology Pork tapeworm Cysticercosis Taeniasis	TAESOLS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
	TB/Mycobacteria-Blood/Bone Mar Mycobacterium (TB) Culture AFB Culture TB Culture	TBBLOOD	Minimum 5 ml of blood collected into SPS tube. SPS is preferred anticoagulant but citrate or heparin are acceptable.	SPS or heparin tube	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	BCCDC- no requisition required for send out	
	Tetanus Serology (Immunity) Clostridium tetani	TETANUS	Testing will be performed on patients < 17 years of age or organ transplant patients. Exception: If request is for immunodeficiency testing and ordered by an immunologist. Collect and send the specimen with the requisition containing the 'pre-approved' sticker. Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Orders will be reviewed by a IH microbiologist
	Toxocara Serology Toxocara canis Toxocarasis	TOXOCS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Toxoplasma Serology Toxoplasma gondii	TOXOPS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Trichinella Serology Trichinella spiralis Trichinellosis	TRICHIS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Trypanosoma (African) Serology Trypanosoma brucei rhodesiense Trypanosoma brucei gambiense African trypanosomiasis	TRYPANS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to reference lab)	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotic Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Trypanosoma (Chagas) Serology Trypanosoma cruzi, American trypanosomiasis Chagas' disease	TRYPACS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to reference lab)	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Varicella (VZV) Serology IgG Varicella zoster virus VZV Chickenpox Human herpesvirus 3 Herpes Zoster virus	VARICIGG	Blood (7 ml)	SST, centrifuge within 2 hours of collection	Store and ship primary tube refrigerated to XCDC	BCCDC- no requisition required for send out	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Blood cont'd	West Nile Virus (WNV) PCR WNV Flavivirus Arbovirus infections	WESTNSPCR	EDTA plasma (7mL). Testing is offered seasonally, from June to the end of November. If testing requested outside season, travel history is required on requisition.	EDTA plasma (7 mL)	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	West Nile Virus (WNV) Serology WNV Flavivirus Arbovirus infections	WESTNS	Testing algorithm will be followed including confirmatory testing if required (sent to reference lab) If patient is an organ transplant patient – order Molecular testing (West Nile PCR)	SST , 1 tube (uncentrifuged) or 2 ml serum	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Yellow Fever Serology YFV Flavivirus Arbovirus infections	YELLOWFS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC	Travel history required. BCCDC - no requisition required for send out	Order will be reviewed by a IH microbiologist
	Yersinia pestis (Plague) Serology	*Orderable by LAB only YERPESTISS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC		Order will be reviewed by a IH microbiologist
	Zika Virus PCR	ZIKAPCR	Preferred specimen: EDTA blood (minimum 1 mL) Upon microbiologist approval: - urine collected into sterile transport container - nasopharyngeal swab collected into viral transport media	EDTA, 4ml tube Sterile screw capped container or swab in viral transport medium	Store and ship refrigerated to XCDC (forwarded to reference lab)	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	**Consult IH microbiologist with any ordering questions** For detection of acute infection (acute onset of fever, maculopapular rash, arthralgia or conjunctivitis) with onset during or within 2 weeks of travel AND is currently symptomatic – order BOTH serology and PCR Order will be reviewed by a IH microbiologist
	Zika Virus Serology	ZIKA	**Consult IH microbiologist with any ordering questions** Acceptable specimens: Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to reference lab)	Provide travel and clinical history and information on pregnancy on requisition. BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	For detection of acute infection (acute onset of fever, maculopapular rash, arthralgia or conjunctivitis) with onset during or within 2 weeks of travel AND is currently symptomatic – order BOTH serology and PCR For detection of antibodies (resolved infection) – either no longer symptomatic or symptom onset > 10 days ago. For pregnant women with travel history and no symptoms of Zika virus infection during or within 2 weeks of travel Note: Order will be reviewed by a IH microbiologist
Blood (Autopsy)	For culture, see Blood C&S -Venipuncture , above			Aerobic Bottle: BacT/ALERT FA (green)	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Ideally specimen should be collected and submitted within 48 hours of death. Aseptically collect up to 10 mL blood and transfer into aerobic blood culture bottle. Specimens received after 48 hours will only receive minimal workup.
	For Fungal culture, see Fungus- Blood/Bone Marrow , above					BCCDC -Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Ideally specimen should be collected and submitted within 48 hours of death. Aseptically collect up to 10 mL blood and transfer into aerobic blood culture bottle. Specimens received after 48 hours will only receive minimal workup.
Blood Products	For TB/Mycobacteria, see TB/Mycobacteria- Blood/Bone Marrow , above Transfusion or febrile reaction: Transfusion Rxn Culture (* Order is placed by transfusion department on the actual unit or product number) Sterility check: Sterility Specimen Culture	Transfusion or febrile reaction: CUTRRRXN Sterility check: CUENVIRO	Transfusion or febrile reaction: Return blood/product bag to Transfusion Services.	Blood/product bag	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Bone	Fungus-Tissue/Biopsy Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides Other Filamentous fungi	MYCTISSUE	If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen. Surgically collected intact bone, shavings, or excised necrotic material. Swab culture of sinus tracts are not recommended Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Bone	TB/Mycobacteria-Tissue/Biopsy AFB Culture TB Culture	TBTISSUE	Surgically collected intact bone, shavings, or excised necrotic material. Swab culture of sinus tracts are not recommended Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- no requisition required for send out	
	Tissue C&S	CUTISSUE	Surgically collected intact bone, shavings, or excised necrotic material. Swab culture of sinus tracts are not recommended. Submit tissue/biopsy in small amount of sterile saline. If osteomyelitis or joint infection is suspected, concomitant blood cultures are indicated.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
Bone Marrow	Bone Marrow C&S	CUBONEMAR	Prepare site as if for surgical incision before collection. - If greater than 1 mL fluid collected, aseptically inoculate 1 mL into pediatric blood culture bottle and transfer remainder of specimen in a sterile screw cap container - If less than 1 mL obtained, aseptically inoculate entire specimen into pediatric blood culture bottle. - If less than 0.5mL direct inoculation to culture media is recommended	Pediatric blood culture bottle or sterile screw cap container	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes culture and anaerobic investigation if sufficient sample submitted. Please specify any specific bacterial pathogens that may be suspected.
	Fungus- Blood/Bone Marrow Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides	MYCBLOOD	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aspirate 3-5mL bone marrow and transfer into SPS tube.	SPS	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	BCCDC -Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Blood/Bone Mar AFB Culture TB Culture	TBBLOOD	Aspirate 3-5mL bone marrow and transfer into SPS tube. SPS is preferred anticoagulant but heparin is acceptable. Do NOT use EDTA	SPS or heparin tube	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	BCCDC- no requisition required for send out	
Bronchial Wash/ Lavage	Mycobacterium tuberculosis PCR	TBPCR	IH Microbiologist approval required. Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.	**Refrigerate specimen (4°C)** Transport to lab ASAP within 12 hours	BCCDC- no requisition required for send out	Testing performed on inpatients with radiological findings suggestive of pulmonary tuberculosis and epidemiological risk.
	Bronchial Lavage C&S or Bronchial Wash C&S Routine culture	Bronchial Lavage: CUBRONLAVAGE Bronchial Wash: CUBRONWASH	Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and bacterial culture. If fungal culture or PJP are required, order separately using the dedicated orders below. Anaerobic cultures are NOT performed on bronchoscopy specimens. Polymicrobial respiratory infections are best diagnosed by Gram stain. If cell count requested, submit portion of sample to cytology
	**Patients ≥18 years CMV PCR Adult	**Patients ≥18 years CMVPCRADULT	Collected during bronchoscopy. Collect 2 mL.	Collected in sterile screw cap container	Store at -20°C. Ship refrigerated.	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	See also CMV Virus Viral Load Order will be reviewed by a IH microbiologist
	Chlamydia psittaci PCR	*Orderable by LAB only CHLAMPSPCR	Collected during bronchoscopy. Collect 2 mL.	UTM Universal Transport Medium for Virus (red topped tube)	Store at -20 °C and ship frozen to XCDC (forwarded to NML)	Requisition: PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
	Enterovirus D68 PCR	*Orderable by LAB only CDCENTVD68	Collected during bronchoscopy. Collect 2 mL.	Collected in sterile screw cap container	Store refrigerated (4°C) Transport to lab as soon as possible	BCCDC- PHSA Virology Requisition See bottom of page for link	
Fungus-Respiratory/Bronchial Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other filamentous fungi	MYCRESP	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory safety precautions are required. Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available.	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Bronchial Wash/ Lavage cont'd	Galactomannan Antigen Antigen test for invasive Aspergillus	GALACTOAG	*Requires IH microbiologist approval. Used to diagnosis of invasive Aspergillus infections in patients with a history of bone marrow transplant or acute leukemia. Optimal specimen is a bronchial lavage (1-2mL) Blood (0.6-2.0mL) may be used for testing	Bronchial lavage; Sterile screw capped container Blood: BD- Red top Vacutainer, no additive	Bronchial lavage: Freeze within 24 hours of collection. Store at -20°C and ship frozen on dry ice. Blood: Separate sample. Store serum at -70°C and ship frozen on dry ice.	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
	Hanta Virus PCR Hantaan virus Sin Nombre virus	HANTASPCR	** Safety Alert** Consult IH Microbiologist Special transport (TDG A) required (for all specimens collected) Collected during bronchoscopy (1 mL minimum)	Sterile screw capped container	Store and ship refrigerated as TDG Category A to XCDC (forwarded to NML)	Travel or contact/exposure history required on requisition. BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
	MERS-CoV Coronavirus PCR Middle East respiratory syndrome Coronavirus	*Orderable by LAB only MERSPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Collected during bronchoscopy Collect ≥2 mL	Sterile screw capped container or viral transport swab	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Pneumocystis (PJP/PCP)		Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Histology/Cytology labs	Submit specimen directly to cytology/Histology for fungal stains
	Pneumocystis jirovecii – PJP PCR *	PJPPCR*	*Requires IH Microbiologist approval. Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested (induced sputum also acceptable)	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	St. Paul's Hospital **Refrigerate specimen (4°C)** Ship on ice to XSP (St.Paul's Hospital Microbiology)	St. Paul's Hospital	Will only be performed in specific circumstances: Immunocompromised patient with symptoms and radiological findings
	TB/Mycobacteria-Respiratory AFB Culture TB Culture	TBRESP	Collected during bronchoscopy Submit 3 specimens in separate containers Submit minimum 5 mL with each sample collected.	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- no requisition required for send out	
	Virus Covid/Flu -Bronch Wash 2019-nCoV SARS-coV-2 novel coronavirus Influenza Respiratory Syncytial Virus (RSV)	VIRRESPBW	Collected during bronchoscopy Collect ≥2 mL	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Virus Covid/Flu + Magpix-BronchW *only use if physician specifically orders Magpix Adenovirus Bocavirus Coronavirus (excluding COVID-19) Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) Chlamydomphila pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	VIRRMAGBW	** If MERS-CoV suspected, contact a microbiologist immediately. Collected during bronchoscopy Collect ≥2 mL	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Coronavirus/Bocavirus/Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydomphila/ Legionella/ Mycoplasma

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Bronchoscopy Brush	Bronchial Brush C&S Routine culture Aspergillus Nocardia Streptomyces	CUBRONBRUSH	Collected during bronchoscopy using protective sheath brush. Remove from sheath from brush and put into 1mL of sterile saline.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and bacterial culture. If fungal culture is required, order separately using the order below. Anaerobic cultures are NOT performed on bronchoscopy specimens. Bronchoscopy brush specimen is not suitable for Pneumocystis jirovecii – PJP/PCP PCR
	Fungus-Respiratory/Bronchial Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other filamentous fungi	MYCRESP	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen, as special laboratory safety precautions are required. Collected during bronchoscopy using protective sheath brush. Remove from sheath from brush and put into 1mL of sterile saline.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available.
	TB/Mycobacteria-Respiratory AFB Culture TB Culture	TBRESP	Collected during bronchoscopy using protective sheath brush. Remove from sheath from brush and put into 1mL of sterile saline.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- no requisition required for send out	
Brucella spp culture	Brucella Culture Brucella spp Brucellosis Undulant fever	*Orderable by LAB only BRUCESC **Culture in level 3 laboratory	**Potential Safety Hazard** Consult IH Microbiologist Acceptable specimens: Blood culture vials, bone marrow, exudative material, tissue, CSF, body fluids	sterile screw capped container	Store and ship refrigerated to XCDC (Culture isolate requires TDG Category A shipping)	BCCDC -Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
Burkholderia pseudomallei culture	Burkholderia pseudomallei Culture Burkholderia pseudomallei Meliodiosis Whitmore's disease	*Orderable by LAB only BURKHSC **Culture in level 3 laboratory	**Potential Safety Hazard** Consult IH Microbiologist Acceptable specimens: Sputum: collect into sterile container Swab from abscess or lesion: Collect using ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium Contact Laboratory for specialized collection kits	Sterile screw capped container or ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium	Store and ship refrigerated to XCDC (Culture isolate requires TDG Category A shipping)	BCCDC -Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Order will be reviewed by an IH microbiologist.
Bursa Fluid	Fluid/Aspirate C&S	CUFLUID	Aseptically aspirated fluid from bursa. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Fluid collected onto a swab is a suboptimal specimen Order includes Gram stain and culture. Anaerobic culture performed on specimens from OR or DI only.
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically aspirated fluid from bursa. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
Cardiac Implanted Device	OR Implant/Medical Device C&S	CUORIMPLANT	Includes pacemakers or implanted cardiac defibrillator (ICD). Specimen submitted may be actual device, or pacemaker leads or wires from sternal closure.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Catheter Insert /Exit Site (Non-Vascular)	Catheter Site (NonVascular)C&S	CUCATHSITEN	Swab of non-vascular catheter ,tube or drain insertion or exit site. Non-vascular catheters include peritoneal, pigtail and technoff. Tube/Drain examples include axiom, chest, feeding (PEG), hemovac, G or J tube, malecot, penrose, saratoga, T-tube (biliary). If indwelling foley catheter insertion site, please see "Urethra"	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida) If indwelling foley catheter insertion site, please see "Urethra"
	Candida/Yeast Culture -see Catheter Site (NonVascular)C&S						

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Catheter Insert/Exit Site (Vascular)	Catheter Site (Vascular) C&S	CUCATHSITE	Swab of vascular catheter insertion/exit site. Vascular catheters include: arterial, broviac, central Line, CVP, hemodialysis, hickman, jugular, PICC, subclavian.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida)
	Candida/Yeast Culture -see Catheter Site (Vascular) C&S						
	ARO MRSA IV Insertion Site MRSA Screen (ARO)	CUMRSAIV	Swab of vascular catheter insertion/exit site. Vascular catheters include: arterial, broviac, central Line, CVP, hemodialysis, hickman, jugular, PICC, subclavian.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Methicillin Resistant strains of Staphylococcus aureus
	ARO CPO Xposure CPO Screen (ARO) (outbreak/exposure)	CUCPOOUTBREAK	Swab of vascular catheter insertion/exit site. Vascular catheters include: arterial, broviac, central Line, CVP, hemodialysis, hickman, jugular, PICC, subclavian.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Carbapenemase producing organisms
Catheter Tip/Line (Non-Vascular)	C&S (Routine Culture)		Tips of non-vascular catheters or drain tubes are not suitable specimens for culture, and will be rejected. Non-vascular catheters include peritoneal, pigtail and technoff. Tube/Drain examples include axiom, chest, feeding (PEG), hemovac, G or J tube, malecot, penrose, saratoga, T-tube (biliary). If a indwelling foley catheter tip, a urine specimen should be submitted		No testing done		
	Candida/Yeast Culture		Tips of non-vascular catheters or drain tubes are not suitable specimens for culture, and will be rejected. Non-vascular catheters include peritoneal, pigtail and technoff. Tube/Drain examples include axiom, chest, feeding (PEG), hemovac, G or J tube, malecot, penrose, saratoga, T-tube (biliary). If a indwelling foley catheter tip, a urine specimen should be submitted		No testing done		
Catheter Tip/Line (Vascular)	Catheter Tip (Vascular) C&S	CUIVLINE	Clip 5cm off the distal tip of catheter using sterile scissors. Vascular catheters include: arterial, broviac, central Line, CVP, hemodialysis, hickman, jugular, PICC, subclavian.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes semi quantitative culture including Yeast (Candida) Accurate interpretation of catheter tip cultures is best if concurrent blood culture is taken at time of line removal.
	Candida/Yeast Culture - see Catheter Tip (Vascular) C&S						
Cervix	Cervix C&S- Revelant Diagnosis	CUCERVIX	Visualize the cervix using a speculum without lubricant. Remove mucus and secretions from the cervix with a swab and discard the swab. Firmly, yet gently, sample the endocervical canal with a newly obtained sterile swab. If routine cervicitis, please collect specimen for Chlamydia/GC NAAT testing instead.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Bacterial culture should be only ordered on patients with clinically relevant diagnosis e.g. pregnancy complications, post surgery /radiotherapy, toxic shock, IUD infections. Order includes Gram stain and culture. Please indicate diagnosis/history. If routine cervicitis, please collect specimen for Chlamydia/GC NAAT testing instead.
	Cervix- GC (Gonorrhea) Culture	CUCERVIXGC	Visualize the cervix using a speculum without lubricant. Remove mucus and secretions from the cervix with a swab and discard the swab. Firmly, yet gently, sample the endocervical canal with a newly obtained sterile swab. If routine cervicitis, please collect specimen for Chlamydia/GC NAAT testing instead.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Cervix-Chlamydia/GC NAAT Neisseria gonorrhoeae (GC) Chlamydia trachomatis LGV Lymphogranuloma venereum	CHLGCCERVIX	If chancroid, donovanosis or Lymphogranuloma venereum (LGV) suspected, please contact microbiologist. Using large white shaft "cleaning" swab, remove excess mucous. Discard this swab. Using smaller blue shaft swab, insert swab into endocervical canal and rotate 10-30 seconds to ensure adequate sampling. Withdraw swab carefully avoiding contact with vaginal mucosa. Place swab into transport kit, breaking shaft at indicated score line. Secure lid firmly. If suspected sexual assault/abuse, please refer to "STI (Assault/Abuse)" If suspected treatment failure, testing should be performed by culture to allow for susceptibility testing.	NAAT Testing: Aptima Unisex swab kit For culture: Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH and RIH	Testing for Chlamydia trachomatis and Neisseria gonorrhoeae (GC) performed by molecular assay (NAAT/PCR) method. One swab can be collected for both tests.

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Cervix cont'd	STI (Assault/Abuse) (adult)		No screening recommended for chlamydia/GC. Prophylactic treatment is best practice.				Effective fall 2015 - Refer to IH SAVR policy and procedure manual
	Trichomonas – Female/Aptima kit Trichomonas vaginalis	TRICHNF	Using large white shaft "cleaning" swab, remove excess mucous. Discard this swab. Using smaller blue shaft swab, insert swab into endocervical canal and rotate 10-30 seconds to ensure adequate sampling. Withdraw swab carefully avoiding contact with vaginal mucosa. Place swab into transport kit, breaking shaft at indicated score line. Secure lid firmly.	Aptima Unisex swab kit	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH and RIH	Testing can be included on same swab as Chlamydia/GC NAAT, if also requested.
Chest (Pleural Effusion) Fluid	**Patients ≥18 years EBV PCR Adult	**Patients ≥18 years EBVPCRADULT	Aseptically collected fluid during thoracentesis procedure (1mL minimum)	Collected in a sterile container	Store at -20°C and ship frozen to XSP (St.Paul's Hospital) within 48 hours of collection.	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	See also EBV Virus Viral Load Order will be reviewed by a IH microbiologist
	Fluid/Aspirate C&S Routine culture Nocardia Aspergillus	CUFLUID	Aseptically collected effusion fluid (5 - 10 mL) collected during thoracentesis procedure. If drainage fluid from chest tube, please refer to " Fluid- Drainage Tube"	Submit 5-10 mL in a sterile screw cap container. If sufficient volume, also submit 4 mL in a pediatric blood culture bottle (or 8-10 mL in an aerobic blood culture bottle), inoculated at patient bedside Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain /culture including anaerobic investigation
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically collected effusion fluid during thoracentesis procedure. If fluid from a chest tube drain, please refer to " Fluid- Drainage Tube"	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Parasite-Worm/Fecal Object ID Parasite Exam/ Identification	PARAW	Aseptically collected fluid during thoracentesis procedure Specify sample type and suspected parasite name	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	BCCDC - Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically collected fluid during thoracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
	Virus- Fluid/Aspirate Adenovirus Bocavirus Coronavirus COVID-19 Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) Chlamydia pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	VIRFLUID	Aseptically collected effusion fluid during thoracentesis procedure. Collection is performed using a sterile, screw-cap test tube or SST tube. Place fluid in the container and close tightly	SST, 1 tube or sterile red topped tube, minimum 1 mL	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC -Complete PHSA Laboratories Virology Requisition See bottom of page for link	
Chikungunya virus serology	Chikungunya Virus Serology	CHIKUS	Clotted blood (7mL) or 2mL serum	Blood: SST, 1 tube Serum: separated from clotted blood, in a sterile tube	Store and ship refrigerated to XCDC (forwarded to NML)	Requisition: PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by an IH microbiologist IgM antibody levels are highest 3 to 5 weeks after the onset of illness and persist for about 2 months.
CNS Shunt/ICP/ VP Shunt	Implant/Medical Device C&S	CUIMPLANT	Submit shunt or ICP in sterile screw cap container	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Contact Lens	Implant/Medical Device C&S	*Orderable by LAB only CUIMPLANT	Submit contact lens in lens case or contact lens solution.	Contact lenses in contact lens case or Contact lens solution	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Parasite-Acanthamoeba	ACANTHAMOEBA	Submit contact lens in lens case or contact lens solution. Contact microbiology lab or microbiologist with patient information as BCCDC will be alerted to pending arrival of specimen had have media prepared	Contact lenses in contact lens case or Contact lens solution	Store at room temperature Transport to lab as soon as possible	BCCDC - Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
Cornea rim (Donor)	OR Implant/Medical Device C&S	CUORIMPLANT	Donor cornea collected just prior to transplant.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Sterility culture of purchased donor corneas collected just prior to transplant.

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Cornea/Corneal Scrapings	TB/Mycobacteria-Tissue/Biopsy AFB Culture TB Culture	TB TISSUE	Surgically collected corneal scraping from ulcers or lesions using a sterile scapula.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC - no requisition required for send out	
	Eye C&S- Corneal Scrapings Aspergillus	CUEYECOR	Surgically collected corneal scraping from ulcers or lesions using a sterile scapula. Specimen may be inoculated onto media by ophthalmologist. Obtain plates, slides from Microbiology lab	Sterile screw cap container or directly onto media/slide.	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Fungus-Tissue/Biopsy Fusarium Keratitis	MYCTISSUE	Surgically collected corneal scraping from ulcers or lesions using a sterile scapula. Specimen may be inoculated onto media by ophthalmologist. Obtain plates, slides from Microbiology lab	Sterile screw cap container or directly onto media/slide.	Store at room temperature Transport to lab as soon as possible	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC	
	Parasite-Acanthamoeba	ACANTHAMOEBIA	Specimen is collected surgically and inoculated directly to culture media. Microbiologist or Microbiology lab must be notified prior to specimen collection as special culture media needs to be ordered from BCCDC.	Direct inoculation onto pre-lawned non-nutrient agar plates. Plates are shipped directly to BCCDC for processing. Room temperature storage is important	Store at room temperature Transport to lab as soon as possible	BCCDC - Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
	Virus- Tissue/Biopsy Adenovirus Herpes Virus Varicella Zoster Virus	VIRTISSUE	Using conventional swab, gently sweep roll over conjunctiva. Place swab directly into viral transport medium.	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC - Complete PHSA Laboratories Virology Requisition See bottom of page for link	
CSF Spinal Fluid	**Patients ≥18 BKV PCR Adult Polyoma Virus BK	**Patients ≥18 BKVPCRADULT	CSF (0.5 mL)	Collected into sterile screw capped container	Store at -20°C and ship frozen to XSP (St.Paul's Hospital) within 48 hours of collection.	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	See also BK Virus Viral Load Order will be reviewed by a IH microbiologist
	Bartonella henselae PCR Cat scratch disease, Bartonella henselae Bartonella quintana	BARTOSPCR	CSF (1 mL)	Collected into sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist. Molecular detection of Bartonella henselae, and Bartonella quintana the bacteria that cause cat scratch disease.
	Borrelia (Lyme) PCR Borrelia (Lyme Disease) Borrelia burgdorferi detection	BORRISPCR	Aseptically collected cerebrospinal fluid.	Sterile screw cap container	Store refrigerated (4°C) Ship to BCCDC	BCCDC- Complete PHSA Laboratories Zoonotics & Emerging Pathogens Requisition	
	Borrelia hermsii PCR Relapsing fever	BORRISHSPCR	This test is orderable by lab only after consultation with IH microbiologist. CSF (1mL minimum). Specimens for Borrelia PCR must be accompanied by serological testing.	CSF in sterile screw capped container plus EDTA blood 5 mL (see blood - Borrelia (Lyme) Serology)	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens See bottom of page for link	Order will be reviewed by a IH microbiologist.
	Cruetzfeldt-Jakob (CJD) CSF 14-3-3 Protein Tau Protein RT-QuIC (Quaking Assay) Cruetzfeldt-Jakob disease CJD Prion disease Mad Cow disease	CJDELISA	** Safety Alert** Consult IH Microbiologist before specimen collection. Collect CSF (1-2 mL) into sterile screw capped container sealed with parafilm. Samples must have no visible blood.	Sterile screw capped tube	Send to XCDC laboratory (forwarded to NML) ASAP frozen on dry ice or at 4 degrees if no dry ice available. Note the duration of time at 4 degrees. Package by itself and label outside of TDG Category B container going to XCDC with "Do Not Open – Deliver directly to Virology Department"	NML - Complete PHAC Prion Disease Section CSF Protein Panel Requisition See bottom of page for link	Testing is performed at NML and includes 14-3-3 Protein, PrPd Assay and Tau Protein. These 3 tests predict the likelihood of CJD.
	**Patients ≥18 years CMV PCR Adult	**Patients ≥18 years CMVPCRADULT	CSF (1mL minimum)	Collected into a sterile screw capped container	Store at -20°C and ship frozen to XSP (St.Paul's Hospital) within 48 hours of collection.	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	See also CMV Virus Viral Load Order will be reviewed by a IH microbiologist
	**Patients <18 years CMV PCR (Pediatric)	**Patients <18 years CMVPCRPEd	CSF (0.5mL minimum, optimal 1 mL) <i>Note: This test is not suitable for VP shunt specimens.</i>	Collected into a sterile screw capped container	Store and ship refrigerated to BC Children's Hospital	BC C&W (BC Childrens) BC Children's Rapid Microbiology Requisition See bottom of page for link	
Cryptococcal Ag Screen	CRYPTOAG	Aseptically collected cerebrospinal fluid.	Sterile screw cap container	Critical specimen: Transport to lab ASAP Room Temperature Transport	IH Microbiology Labs - EKH, KBH, KGH, RIH		

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
CSF Spinal Fluid cont'd	CSF Fluid C&S Group B Streptococcus Haemophilus Listeria Neisseria meningitidis	CUCSF	**Please alert microbiologist if patient is suspected of or known to have Creutzfeldt-Jacob disease (CJD).** Multiple test requests must be clearly specified and consultation with microbiologist is recommended. Aseptically collected cerebrospinal fluid. LP collections: Submit at least 1 mL for culture. If numbered tubes collected, tube #2 is optimal for culture.	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Cerebrospinal Order includes Gram stain and culture including anaerobic investigation if applicable. Indicate if collected from shunt/drain or catheter. Please indicate if history of chronic otitis media, mastoiditis, chronic sinusitis, epidural shunt or brain abscess.
	CSF Viral/Bacteria/Crypt Panel Meningoencephalitis Panel	VIRCSF	Aseptically collected cerebrospinal fluid, minimum 0.5 mL. In suspected meningitis/encephalitis cases when a CSF specimen cannot be obtained, a throat and a stool specimen should be submitted.	Sterile screw cap container Do NOT submit specimen in a syringe	Store refrigerated (4°C) Transport to lab as soon as possible	Check label for performing site. Patients ≥12 months: BCCDC - Complete PHSA Laboratories Virology Requisition (see bottom of page for link) Patients <12 months: BCCH	This panel is capable of detecting E. coli K1, Haemophilus influenzae, Listeria monocytogenes, Neisseria meningitidis (encapsulated), Streptococcus agalactiae (GBS), Streptococcus pneumoniae, Enterovirus, HSV-1, HSV-2, Human parechovirus, Varicella zoster virus, Cryptococcus neoformans/gatii
	**Patients ≥18 years EBV PCR Adult	**Patients ≥18 years EBVPCRADULT	CSF (1mL minimum)	Collected in a sterile container	Store at -20°C and ship frozen to XSP (St.Paul's Hospital) within 48 hours of collection.	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	See also EBV Virus Viral Load Order will be reviewed by a IH microbiologist
	Fungus-Fluid/Aspirate Coccidioides Cryptococcus Dimorphic fungi Other Filamentous fungi	MYCFLUID	If Coccidioides suspected, consult microbiologist before collection. Aseptically collected cerebrospinal fluid. LP collections: Submit at least 1 mL for culture. If numbered tubes collected, tube #2 is optimal for culture.	Sterile screw cap container	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Herpes "B" Virus PCR *SAFETY* Monkey B virus Macacine herpesvirus herpesvirus simiae	*Orderable by LAB only HERPESVPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. CSF (1.5-2mL)	Sterile screw cap container	Store and ship refrigerated as TDG Category A to XCDC (transferred to NML)	Contact history required on requisition. NML - Complete PHAC Special Pathogens requisition See bottom of page for link	
	Human herpesvirus-6(HHV-6) PCR HHV6 Human herpesvirus 6 Roseola infantum	*Orderable by LAB only HHERP6PCR	CSF (1mL minimum)	CSF in sterile screw capped container	Store and ship refrigerated to XCH	BCCW- Complete BC Children's & Women's Outpatient Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	JC Virus PCR CSF JC Polyoma virus John Cunningham virus	JCVPCR	CSF (0.5-1 mL)	Sterile screw cap container	Store refrigerated and ship on ice pack to XSP (St.Paul's Hospital)		Order will be reviewed by a IH microbiologist
	Leptospira PCR Leptospirosis	*Orderable by LAB only LEPTOSPCR	CSF (min volume 400 uL)	Collected in sterile screw capped container	Store and ship refrigerated to XCDC (forwarded to NML) NML suggests overnight shipping.	Travel history is required on requisition. BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Lymph Choroemen Virus PCR Lymphocytic choroemeningitis virus	LCMVPCR	CSF (minimum 0.5 mL)	Collected in sterile screw capped container	Store and ship refrigerated or frozen to XCDC (forwarded to NML)	BCCDC- Complete PHSA Laboratories Zoonotics & Emerging Pathogens Requisition	Order will be reviewed by a IH microbiologist
	Measles Virus PCR Rubeola Red measles	MEASLEPCR	CSF (500 uL)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Meningococcal PCR Meningococcal Neisseria meningitidis	*Orderable by LAB only MENINGOPCR	**Testing for Meningococcal PCR must be approved by the microbiologist on call. Consult microbiologist before collecting specimen. Aseptically collected cerebrospinal fluid.	Sterile screw cap container	Store at room temperature Ship to BC Children's and Women's Hospital microbiology laboratory Routine testing is offered Mon-Fri. Urgent testing requires C&W microbiologist approval		**Testing for Meningococcal PCR, S.pneumoniae PCR and Whipple's disease must be approved by the microbiologist on call. If meningococcus or Whipple's disease suspected, consult microbiologist before collecting specimen.
	Mumps Virus PCR	MUMPSPCR	CSF (500 uL)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
CSF Spinal Fluid cont'd	Parechovirus PCR encephalitis sepsis-like illness meningoencephalitis	PARECHPCR	500 µL in sterile container Note: Test automatically performed on infants less than 6 months of age as part of an encephalitis panel that includes enterovirus and HSV 1&2	Sterile screw capped container	Store and ship refrigerated to XCHV (BC Children's Hospital-Virology)	BCCW - Complete BC Children's & Women's Outpatient Requisition See bottom of page for link	
	Pneumococcal PCR Pneumococcus Streptococcus pneumoniae	*Orderable by LAB only PNEUMOPCR	**Testing for S.pneumoniae PCR must be approved by the microbiologist on call. Consult microbiologist before collecting specimen. Aseptically collected cerebrospinal fluid.	Sterile screw cap container	Store at room temperature Ship to BC Children's and Women's Hospital microbiology laboratory Routine testing is offered Mon-Fri. Urgent testing requires C&W microbiologist approval	BCCDC- Complete PHSA Bacteriology and Mycology Requisition See bottom of page for link	
	Rabies Virus PCR Rabies Rabiesvirus	*Orderable by LAB only RABIESPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. 1 mL is required for Real-Time RT-PCR (virus detection) 2 mL is required for Rabies serum neutralization test (Antibody testing)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Rubella Virus PCR Rubella virus German measles	*Orderable by LAB only RUBELPCR	CSF- 0.5 mL collected into a sterile container	Sterile screw capped container	Store and ship refrigerated to XCDC to be received within 48 hours of collection. Otherwise freeze and ship on dry ice. (forwarded to NML)	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Special Test Acanthamoeba Angiostrongylus Loa loa (Loiasis) Naegleria Toxoplasma	ST	Aseptically collected cerebrospinal fluid. Consult microbiologist before collection of specimen.	Sterile screw cap container	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	BCCDC - Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
	Syphilis (Treponema) FTA CSF Treponema pallidum neurosyphilis FTA-ABS	*Orderable by LAB only FTACSF	Acceptable specimen: CSF (1 mL) in sterile tube Order will be reviewed by a IH microbiologist	Sterile screw capped tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	
	Syphilis (Treponema) VDRL CSF Treponema pallidum neurosyphilis VDRL	SYPHVDRL	Acceptable specimen: CSF (1 mL) in sterile tube	Sterile screw capped tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Taenia Solium Serology Pork tapeworm Cysticercosis Taeniasis	TAESOLS	Acceptable specimen: CSF (1 mL) in sterile tube	Sterile screw capped tube	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically collected cerebrospinal fluid.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC - no requisition required for send out	
	Toxoplasma PCR Toxoplasma gondii Toxoplasmosis	TOXOPPCR	CSF (minimum 2 mL) Must be accompanied by a blood or serum sample (see Toxoplasma Serology)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition	Order will be reviewed by a IH microbiologist
	Tropheryma (Whipple's Disease)	WHIPPLEPCR	**Testing for Whipple's disease must be approved by the microbiologist on call. Consult microbiologist before collecting specimen. Aseptically collected cerebrospinal fluid.	Sterile screw cap container	Store refrigerated (4°C) Ship to BCCDC	BCCDC- Complete PHSA Bacteriology and Mycology Requisition See bottom of page for link	
	West Nile Virus (WNV) PCR WNV Flavivirus Arbovirus infections	WESTNSPCR	Acceptable specimen: CSF (250 µL) collected sterile screw capped container Testing is offered seasonally, from June to the end of November. If testing requested outside season, travel history is required on requisition.	EDTA plasma (7 mL)	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Cyst/Cyst Fluid	Fluid/Aspirate C&S	CUFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Parasite Identification Dog tapeworm Echinococcus granulosus Echinococcus multilocularis	PARAID	Aspirated fluid from cyst or excised cyst sent in sterile container	Sterile container	Store and ship refrigerated to XCDC	BCCDC - Complete PHS A Parasitology Requisition See bottom of page for link	
Dialysate Water (Hemodialysis)	Sterility Specimen Culture	CUENVIRO	Water samples from hemodialysis machines are submitted for sterility culture.	Millipore sampler or MicropreSure sampler device	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Diphtheria Culture	Diphtheria Culture Corynebacterium diphtheria	DIPHTHC	Contact Laboratory for specialized collection kits. Acceptable specimens: Throat, nose, ear, skin Recommended throat and nose be submitted together.	ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium Contact Laboratory for kit	Store and ship refrigerated to XCDC	BCCDC - Complete PHS A Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Order will be reviewed by an IH microbiologist
Direct 16 S Sequencing PCR	Direct 16 S Sequencing PCR	*Orderable by LAB only DIRECT16SS	**Requires IH Microbiologist approval Acceptable specimens: Tissue, aspirate or fluid collected into a sterile container	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC - Complete PHS A Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
Direct ITS Sequencing PCR	Direct ITS Sequencing PCR	*Orderable by LAB only DIRECTITSS	**Requires IH Microbiologist approval Acceptable specimen: Tissue, aspirate or fluid collected into a sterile container	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC - Complete PHS A Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
Duodenal Aspirate	C&S (Routine Culture)		Duodenal aspirates are not routinely processed for bacterial culture. Please consult microbiologist for special requests.				
Ear - Canal Drainage	Ear C&S -Canal/Drainage Fluid Aspergillus Swimmer's Ear Otitis Media Otitis Externa	CUEAR	Otitis Media: (Middle Ear) Cleanse external ear canal with mild antiseptic. Collect fluid/drainage from middle ear onto swab. Avoid touching contaminating skin with swab. Otitis Externa: (Outer Canal /Swimmer's Ear) Swab of external ear canal/drainage.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida) and Aspergillus. Please note pertinent information such as otitis media, ruptured ear drum, otitis externa, swimmers ear, chronic draining ear or necrotizing malignant otitis externa. If fluid has been collected by tympanocentesis, please see source "Tympanic Fluid" If tissue or fluid has been surgically collected, please see source " OR (Intraoperative) specimens"
Endobronchial biopsy/aspirate	Bronchial/EBUS Biopsy C&S	CUENDOBRB	Routine culture is rarely performed. Contact medical microbiologist if required. Collected during ultrasound guided bronchoscopy. Needle aspiration of tissue/fluid.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Fungus-Respiratory/Bronchial Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other filamentous fungi	MYCRESP	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory safety precautions are required.	Sterile screw cap container.	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC -Complete PHS A Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available.
	TB/Mycobacteria-Respiratory AFB Culture TB Culture	TBRESP	Collected during ultrasound guided bronchoscopy. Needle aspiration of tissue/fluid.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC - no requisition required for send out	
Endotracheal aspirate	See Sputum C&S for culture See Sputum for TB/Mycobacteria smear and culture						
	MERS-CoV Coronavirus PCR Middle East respiratory syndrome Coronavirus	*Orderable by LAB only MERSPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Collect ≥2 mL	Sterile screw capped container or viral transport swab	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC- Complete PHS A Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Endotracheal aspirate cont'd	Virus Covid/Flu - Endotracheal 2019-nCoV SARS-coV-2 novel coronavirus Influenza Respiratory Syncytial Virus (RSV)	VIRRESPETT	Collect ≥2 mL	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Virus Covid/Flu + Magpix-Endotra *only use if physician specifically orders Magpix Adenovirus Bocavirus Coronavirus (excluding COVID-19) Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) Chlamydia pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	VIRRMAGETT	Collect ≥2 mL	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP Check performing site on label: depending on patient location and time of year, specimens may be tested in an IH site and/or sent to BCCDC	IH Microbiology Labs- EKH, KBH, KGH, RIH Specimen will be forwarded to BCCDC for additional testing- Complete PHSA Laboratories Virology Requisition See bottom of page for link	Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Coronavirus/Bocavirus/Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydia/ Legionella/ Mycoplasma
Esophagus Brush/Biopsy	Herpes PCR-Biopsy/Flid/Bronch Herpes Virus (HSV)	HERPESPCR	Surgically collected biopsy during endoscopy procedure. Submit tissue/biopsy in small amount of sterile saline or viral transport medium.	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC - Complete PHSA Laboratories Virology Requisition See bottom of page for link	
	Esophagus Brushing C&S	CUESOPHA	Biopsy or brushing specimen collected during endoscopy procedure. Remove protective sheath from brush. Submit specimen in small amount of sterile saline.	Sterile screw cap container	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Yeast (Candida) culture
Eye- Conjunctiva	Adenovirus PCR	ADENOPCR	Take sample prior to the application of topical anesthetic. Pull the mucosa away from the globe by pulling on the lower eyelid. Rub the mucosal surface of the conjunctiva with the sterile flocked swab. Immediately immerse the swab into the UTM transport media vial. Break off the applicator stick short enough that the swab remains in the medium and cap fits tightly on the vial; store at 2-8° C after collection.	UTM Universal Transport Medium for Virus (blue-top)	Store and ship refrigerated to XSP (St Paul's Hospital)	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	This order will be reviewed by an IH Microbiologist Other specimens (body fluid, eye swabs (viral), bronch/naso washes) - must be approved by microbiologist
	Eye- Chlamydia NAAT	CHLEYE	If discharge is present, use a sterile swab to clean area. Do not scrape the conjunctiva while cleaning the eye(s). Discard the cleaning swab. Thoroughly swab the inner surface or the lower and upper eyelids. If samples are taken from both eyes, use the swab on the less affected eye first to avoid further contamination of that eye.	Aptima multitest (orange label) swab kit	Store and transport tube at room temperature (2-30°C)	BCCDC - Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Testing for Chlamydia trachomatis performed by molecular assay (NAAT/PCR) method.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Eye- Conjunctiva cont'd	Eye- GC(Gonorrhea) Culture	CUESYEGC	Collect specimen prior to initiating treatment with topical antibiotics or anesthetics. Cleanse skin around eye with mild antiseptic. Use swab pre-moistened with sterile saline and roll over conjunctiva.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including culture for Neisseria gonorrhoeae (GC)
	Eye C&S- Conjunctiva/Lacrimal	CUEYE	Collect specimen prior to initiating treatment with topical antibiotics or anesthetics. Cleanse skin around eye with mild antiseptic. Use swab pre-moistened with sterile saline and roll over conjunctiva.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Also includes sources of lacrimal duct Order includes Gram stain and culture If eyelid or cellulitis or , please refer to " Skin - Intact Skin Surface" For surgically collected specimens, please refer to " Eye- Deep/Surgical"
	Herpes/VZV-Genital/Face/Skin Herpes Virus (HSV) Varicella Virus (VZV) Vaccinia Smallpox	VIRSKIN <u>If Outpatient</u> (*Orderable by LAB only) VIRSKINOP	Using swab from viral transport kit, gently sweep/ roll over conjunctiva. Place swab directly into viral transport medium.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan) Note: NP collection kits such as Yocon are NOT acceptable.	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<u>Inpatient/ER</u> : IH Microbiology Labs - EKH, KGH, RIH <u>Outpatient</u> : BCCDC - Complete PHSA Laboratories Virology Requisition See bottom of page for link	Check label for performing site
Eye-Deep/Surgical	Tissue C&S Aspergillus	CUTISSUE	Surgically collected tissue. Submit tissue in small amount of sterile saline. If vitreous fluid, please refer to source "vitreous fluid"	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Fungus-Tissue/Biopsy OR Fungus-Fluid/Aspirate Fusarium	MYCTISSUE OR MYCFLUID	Surgically collected tissue. Submit tissue in small amount of sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted : BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Parasite-Acanthamoeba	ACANTHAMOEBA	Microbiologist or Microbiology lab must be notified prior to specimen collection as special culture media needs to be ordered from BCCDC. Specimen is collected surgically and inoculated directly to culture media	Direct inoculation onto pre-lawned non-nutrient agar plates. Plates are shipped directly to BCCDC for processing. Room temperature storage is important	Store at room temperature Transport to lab as soon as possible	BCCDC - Complete PHSA Laboratories Parasitology Requisition	Contact microbiology lab or microbiologist with patient information as BCCDC will be alerted to pending arrival of specimen had have media prepared
	TB/Mycobacteria-Tissue/Biopsy OR TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBTISSUE OR TBFLUID	Surgically collected tissue. Submit tissue in small amount of sterile saline. If vitreous fluid, please refer to "vitreous fluid"	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- no requisition required for send out	
Fecal Object	Parasite-Worm/Fecal Object ID	PARAW	Submit sample unpreserved in 0.85% NaCl (saline) If there is a delay in transit of 3 or more days, submit in 70% alcohol.	Sterile screw cap container	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
Fluid (Autopsy)	Fluid/Aspirate C&S	CUFLUID	Ideally specimen should be collected and submitted within 48 hours of death. Aseptically aspirated fluid. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Full work-up performed only on specimens collected and submitted within 48 hours of death. Specimens received after 48 hours will only receive minimal workup.
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Other Filamentous fungi	MYCFLUID	Ideally specimen should be collected and submitted within 48 hours of death. Submit as much tissue as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted : BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Ideally specimen should be collected and submitted within 48 hours of death. Submit as much tissue as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Store refrigerated (4°C) Transport to lab as soon as possible	BCCDC- no requisition required for send out	

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Fluid- CT Guided /Interventional	Fluid/Aspirate C&S or Fluid/Aspirate C&S- Abscess Burkholderia pseudomallei (Meloidosis)	CUFLUID or CUABSCESSD	If Burkholderia pseudomallei is suspected, please contact microbiologist. CT guided percutaneous aspiration/biopsy Submit as much specimen as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as testing requires special laboratory precautions. CT guided percutaneous aspiration/biopsy Submit as much specimen as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically aspirated pus using needle and syringe. CT guided percutaneous aspiration/biopsy Submit as much specimen as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
	Fluid- Drainage Tube	Fluid/Aspirate C&S- PO Drain	CUFLUIDD	Includes drain material from axiom tube, chest tube, gastric, pigtail, hemovac, JP drain, malecot, penrose, saratoga, T-tube. Aseptically collect fluid from disinfected drainage tube. Do not collect specimen that has pooled into the collection reservoir.	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH
Fluid - Miscellaneous	Fluid/Aspirate C&S - Includes miscellaneous fluids such breast milk, prostatic secretions.	CUFLUID	Includes miscellaneous fluids such breast milk, prostatic secretions.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible		Order includes Gram stain and culture including Yeast (Candida)
Food remnants	Clostridium botulinum toxin detection/ culture Botulism, infant botulism	*Orderable by LAB only CLOBOTI	Food remnants in original container or in sterile screw cap container. Collect at least 200 g (8 oz) of food. ** Contact IH Microbiologist – must be approved**	Sterile screw cap container or original packaging	Store refrigerated (4°C) Transport to lab as soon as possible on ice (do not freeze unless food item is already frozen)	BCCDC- Complete PHSA Food Poisoning requisition part A and part B See bottom of page for link	Investigation of possible botulism involves the attending physician, the medical health officer, the medical microbiologist (IHA), and the following people at BCCDC: Medical microbiologist, pharmacy and epidemiologist.
Francisella spp culture	Francisella (Tularemia) Culture Francisella tularensis, tularemia	FRANCSC **Culture in level 3 laboratory	**Potential Safety Hazard** Consult IH Microbiologist Acceptable specimens: Biopsy from edge of lesion, lymph node biopsy, sputum – collected into sterile container Conjunctival swabs (2) – collected using ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium Contact Laboratory for specialized collection kits Throat swabs (2) – Collect using ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium Contact Laboratory for specialized collection kits Bacterial isolate for confirmation (TDG A)	Sterile screw capped container or two ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium	Store and ship refrigerated to XCDC (Culture isolate requires TDG Category A shipping)	BCCDC- Complete PHSA Bacteriology & Mycology Requisition See bottom of page for link	**Potential Safety Hazard** Consult IH Microbiologist Culture in level 3 laboratory
Gastric Aspirate	C&S (Routine Culture) TB/Mycobacteria- Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Gastric aspirates are not routinely processed for bacterial culture. Collected by aspiration. Collect three early morning samples taken on consecutive days.	TB treated glass vials, containing buffer salts to neutralize stomach acid	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- no requisition required for send out	
Genital Mycoplasma/ Ureaplasma culture	Genital Mycoplasma /Ureaplasma Mycoplasma genitalium Mycoplasma hominis Ureaplasma urealyticum Ureaplasma parvum	*Orderable by LAB only GENMYCOPCR	Urethral, urogenital, vaginal, cervix, rectal swab or urine collected into UTM (universal transport medium)	Flocked swab or urine in UTM	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC- Complete PHSA Bacteriology & Mycology Requisition See bottom of page for link	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Genital Skin/Lesion	Wound C&S- Skin (Intact Surface)	CUSKIN	Consult microbiologist if Hemophilus ducreyi (Chancroid) or Donovanosis suspected. Swab of "intact skin" sources such as: foreskin, groin, labia, Foley catheter site, penis, perineum, scrotum, urinary meatus, vulva, diaper rash.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida) If episiotomy site swab, please refer to "Wound - Broken Skin" If abscess swab, please refer to "Wound-Abscess (Pus) Swab"
	Chlamydia trachomatis	ST *Orderable by lab only	Consult with microbiologist prior to specimen collection, as testing requires special approval. If Lymphogranuloma venereum (LGV) suspected, please contact microbiologist. Appropriate specimen types include urethral, vaginal or cervical swab or swab of purulent material from inguinal lymph node.	Aptima Unisex swab kit (CTGC NAAT)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSAs Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Haemophilus ducreyi PCR Chancroid H. ducreyi	*Orderable by LAB only HAEMDUPCR	Swab from base of purulent ulcer. Collect using dry swab or flocked swab in UTM (universal transport medium). Aspirated purulent material from bubo collected into sterile container.	Dry swab or flocked swab in UTM Sterile screw capped container	Store at -20°C and ship frozen on dry ice to XCDC (forwarded to NML)	Include relevant travel or clinical history on requisition. NML: Complete PHSAs Bacteriology & Mycology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Herpes/VZV-Genital/Face/Skin Herpes Virus (HSV) Varicella Virus (VZV) Vaccinia Smallpox	VIRSKIN If Outpatient (*Orderable by LAB only) VIRSKINOP	Includes vesicular lesions on skin in genital region. Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vial of transport medium.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan) Note: NP collection kits such as Yoccon are NOT acceptable.	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	Inpatient/ER: IH Microbiology Labs - EKH, KGH, RIH Outpatient: BCCDC - Complete PHSAs Laboratories Virology Requisition See bottom of page for link	Check label for performing site
	Monkeypox Virus Skin Swab	MONPOXSWAB	Vesicle fluid: Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vial of transport medium.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan) Note: NP collection kits such as Yoccon are NOT acceptable.	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 Store and ship refrigerated (4°C). Transport to lab within 12 hrs	BCCDC- PHSAs Virology Requisition See bottom of page for link	
Hair	Special Test Order *Orderable by lab only - submit to Lab with indications Chancroid Donovanosis Haemophilus ducreyi	ST *Orderable by lab only	Consult with microbiologist prior to specimen collection from genital ulcers / buboes. Special culturing is required.	Swab in clear transport media or fluid from bubo	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSAs Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Fungus- Hair Dermatophytes Ringworm (Tinea)	MYCHAIR	Collect 10-12 affected hairs with the base of the shaft intact if possible.	Sterile screw cap container or paper dermatophyte collection kit	Transport to lab (at room temperature) within 12 hrs	RIH Microbiology lab	
Heart Valve/ Cardiac Wash	Parasite-Scabies/Lice Exam	PARASCLI		Sterile screw cap container	Store at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSAs Laboratories Parasitology Requisition	
	OR Implant/Medical Device C&S	CUORIMPLANT	Sterility culture of purchased heart valve taken just prior to transplant. Submit small portion of tissue or identification tag in sterile saline. Alternately the final wash of the valve can be submitted.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Joint (Synovial) Fluid	Fluid/Aspirate C&S	CUFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen. If detecting osteomyelitis or joint infection, concomitant blood cultures are indicated.	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Borrelia (Lyme) PCR Lyme disease Borrelia burgdorferi detection	BORRISPCR	Aseptically aspirated fluid. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Store and ship refrigerated to XCDC	BCDC- Complete PHSAs Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Specimens for Borrelia PCR must be accompanied by serological testing.
	Bartonella henselae PCR Cat scratch disease, Bartonella henselae Bartonella quintana	BARTOSPCR	Aseptically aspirated fluid. Submit as much fluid as possible.	Collected into sterile screw capped container Do NOT submit specimen in a syringe	Store and ship refrigerated to XCDC	BCCDC - Complete PHSAs Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically aspirated fluid. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSAs Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically aspirated fluid. Submit as much fluid as possible.	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible out	BCCDC- no requisition required for send out	

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Laboratory Water	Sterility Specimen Culture	CUENVIRO	Aseptically collect 30 mL and submit to Microbiology. If this is a new water source, register the in the census facility.	Sterile screw cap container	Transport to Microbiology as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Legionella Culture	Legionella Culture Legionella pneumophila	*Orderable by LAB only LEGIONSC	Acceptable specimens: Sputum, Bronchial wash, tracheal aspirate, lung tissue, pleural fluid	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Bacteriology & Mycology Requisition See bottom of page for link Patients <12 months: BCCH	Order will be reviewed by a IH microbiologist
Mouth (buccal/oral)	Mouth/Tongue C&S - Candida/Yeast Vincent's Organisms	CUMOUTH	Also includes sources of tongue or gums. Have patient rinse mouth with water prior to collection. Swab mucosal surface of gums.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	If Vincent's angina requested: CUMOUTHVO/ Mouth/Tongue C&S- Vincent's Order includes culture for Yeast (Candida) (Thrush) Gram stain for Vincent's organisms will be performed if specifically requested. Please indicate any pertinent clinical information such as failed therapy, immunocompromised, oncology or cancer patient. If dental or tooth abscess swab, please refer to "Wound - Abscess (Pus) Swab"
	Herpes/VZV-Genital/Face/Skin Herpes Virus (HSV) Varicella Virus (VZV) Vaccinia Smallpox	VIRSKIN If Outpatient (*Orderable by LAB only) VIRSKINOP	Includes vesicular lesions on lips (cold sore) lesion, mouth or skin around mouth or nose. Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vial of transport medium.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan) Note: NP collection kits such as Yocon are NOT acceptable.	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Check label for performing site
	Mumps Virus PCR	MUMPSPCR	Viral swab	UTM Universal Transport Medium for Virus (red topped tube)	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
Nail/ Nail Clippings	Fungus- Nail/Nail Clippings Dermatophytes Onychomycosis	MYCNAIL	Using gauze, wipe nail with 70% alcohol. Clip a generous portion of affected area.	Sterile screw cap container or paper dermatophyte collection kit	Transport to lab (at room temperature) within 12 hrs	RIH Microbiology lab	
Nasal Sinus- Aspirate/Lavage (or swab)	Fungus-Respiratory/Bronchial	MYCRESP	Antral aspirate or lavage. If surgically collected tissue or fluid, please refer to source "OR (Intraoperative) specimens"	Sterile screw cap container.	Store refrigerated (4°C) or at room temperature. Transport to lab ASAP	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Nasal Sinus C&S- Swab/Lavage Aspergillus	CUNASALSIN	Antral aspirate or lavage. If surgically collected tissue or fluid, please refer to source "OR (Intraoperative) specimens"	Sterile screw cap container.	Store refrigerated (4°C) or at room temperature Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida) and Aspergillus. Anaerobic culture only performed on fluid/aspirated specimens. If surgically collected tissue or fluid, please refer to source "OR (Intraoperative) specimens"
	C&S (Routine Culture)		Nasopharyngeal swabs/washes are not processed for routine culture as there is poor correlation between organisms in the nasopharynx and the etiologic agents of bacterial sinusitis.				
Nasopharynx	Chlamydia psittaci PCR	CHLAMPSPCR	Nasopharyngeal aspirate in universal transport media	UTM Universal Transport Medium for Virus (red topped tube)	Store at -20 °C and ship frozen to XCDC (forwarded to NML)	Requisition: PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Virus-Covid/Flu Outpatient NP 2019-nCoV SARS-CoV-2 novel coronavirus	VIRCOV19OPN	Nasopharyngeal flocked swab or Nasopharyngeal wash specimen, collect ≥2 mL	UTM Universal Transport Medium for Virus (red topped tube) Note: Same collection container/swab is used for neonates and adults	Store refrigerated (4°C) Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Enterovirus D68 PCR	*Orderable by LAB only CDCENTVD68	Nasopharyngeal flocked swab	UTM Universal Transport Medium for Virus (red topped tube) Note: Same collection container/swab is used for neonates and adults	Store refrigerated (4°C) Transport to lab as soon as possible	BCCDC- PHSA Virology Requisition See bottom of page for link	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Nasopharynx cont'd	LTC Covid/Flu+Magpix- Nasoph *use only for patients in Long term care/Assisted living facility Adenovirus Bocavirus Coronavirus (excluding COVID-19) Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) Chlamydia pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	LTCVIRRESPN	Nasopharyngeal flocked swab or Nasopharyngeal wash specimen, collect ≥2 mL	UTM Universal Transport Medium for Virus (red topped tube) Note: Same collection container/swab is used for neonates and adults	Store refrigerated (4°C) Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	MERS-CoV Coronavirus PCR Middle East respiratory syndrome Coronavirus	*Orderable by LAB only MERSPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Nasopharyngeal flocked swab	UTM Universal Transport Medium for Virus (red topped tube) Note: Same collection container/swab is used for neonates and adults	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Monkeypox Virus Nasopharynx	*Orderable by LAB only MONPOXP	Nasopharyngeal flocked swab IH Microbiologist approval required - Recommended sample type is skin swab or biopsy of lesion.	UTM Universal Transport Medium for Virus (red topped tube)	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 Store and ship refrigerated (4°C). Transport to lab within 12 hrs	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	For individuals who do not have skin lesions and are suspected to be in the first stage of illness (prodrome). Please discuss with a microbiologist on call before collecting and submitting these sample types.
	Pertussis Whooping cough Bordetella pertussis	PERTUSSIS	Collect pernasal/nasopharyngeal sample using eSwab 481C Minitip flocked swab with liquid Amies or Amies Charcoal Transport Medium (swab with wire shaft) Contact Laboratory for specialized collection kits MS Pertussis collection kits available from BCCDC	eSwab 481C Minitip flocked swab with liquid Amies or Amies Charcoal Transport Medium, swab with wire shaft	Store and ship refrigerated to XCDC	BCCDC - PHSA Bacteriology & Mycology Requisition See bottom of page for link	
	Rubella Virus PCR Rubella virus German measles	*Orderable by LAB only RUBELPCR	Nasopharyngeal swab collected into viral transport medium collected as soon as possible after rash onset (within 5 days). Specimens collected later will still be accepted however the assay sensitivity may be affected.	UTM Universal Transport Medium for Virus (red topped tube) Leave swab in viral transport medium for at least 1 hour, then remove and discard the swab.	Store and ship refrigerated to XCDC to be received within 48 hours of collection. Otherwise freeze and ship on dry ice. (forwarded to NML)	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Virus Covid/Flu – Nasopharynx (testing NOT routinely performed on outpatients) 2019-nCoV SARS-CoV-2 novel coronavirus Influenza Respiratory Syncytial Virus (RSV)	VIRRESPN	Nasopharyngeal flocked swab or Nasopharyngeal wash specimen, collect ≥2 mL	UTM Universal Transport Medium for Virus (red topped tube) Note: Same collection container/swab is used for neonates and adults	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Virus Covid/Flu + Magpix - Nasoph *only use if physician specifically orders Magpix Adenovirus Bocavirus Coronavirus (excluding COVID-19) Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) Chlamydia pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	VIRRMAGN	Nasopharyngeal flocked swab or Nasopharyngeal wash specimen, collect ≥2 mL	UTM Universal Transport Medium for Virus (red topped tube) Note: Same collection container/swab is used for neonates and adults	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	"Magpix" testing includes: Influenza/ Parainfluenza/ RSV/ Adenovirus/ Coronavirus/ Bocavirus/ Rhinovirus/ Enterovirus/ Human metapneumovirus and atypical bacterial pathogens Chlamydia/ Legionella/ Mycoplasma

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Nose/Nares	Nose/Nasal C&S Staph carrier	CUNOSE	Also includes sources of nares, nostril. Insert swab into the nares and rotate against the nasal mucosa. Nasal secretions are not suitable specimens and will not be processed. If swab of rash/lesion/sore, please refer to "Skin - Intact Skin Surface"	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Routine nose cultures only processed for presence of Staphylococcus aureus. If swab of rash/lesion/sore, please refer to "Skin - Intact Skin Surface"
	ARO MRSA Nose/Nares Methicillin Resistant Staph aureus	CUMRSANOSE	Use one swab to swab both nares. Insert swab into the nares and rotate against the nasal mucosa. Repeat in other nostril.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Methicillin Resistant strains of Staphylococcus aureus (MRSA)
	Diphtheria Culture	DIPHTHC	Specialized collection kit. Insert swab into the nares and rotate against the nasal mucosa. Recovery of C.diphtheriae is enhanced by culturing both a nose and a throat sample. Please submit two specimens.	ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium Contact Laboratory for specialized collection kits	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Contact Laboratory for specialized collection kit.
	Measles Virus PCR Rubeola Red measles	MEASLEPCR	Nasal swab collected in Universal Transport medium	Collected in Universal Transport medium for Virus (red topped tube)	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Nose/Nasal C&S- Cardiac Screen Staph carrier Pre-surgical screen	CUCARDSCRN	Pre-op cardiac OR orthopedic surgery screening for Staphylococcus aureus and MRSA. Insert swab into the nares and rotate against the nasal mucosa.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Nuclear Medicine solution	Sterility Specimen Culture	CUENVIRO	Submit vials to microbiology lab after solutions are safe to handle (radioactivity at safe level)	Original vial	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
OR (Intraoperative) specimens	OR Fluid C&S	CUORFLUID	Surgically collected fluid. Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation If bronchoscopy wash/lavage, please refer to source "Bronchial Wash/Lavage" If nasal sinus wash/lavage, please refer to source "Nasal Sinus Wash/Lavage"
	Fungus-Tissue/Biopsy <i>or</i> Fungus-Fluid/Aspirate	- if tissue MYCTISSUE - if fluid MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Surgically collected tissue/biopsy, bone or fluid. Tissue/Biopsy/Bone- Submit small (≤1x1cm) representative sample in a small amount of sterile saline. Fluid: Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	OR Biopsy C&S	CUORBIOPSY	Surgically collected biopsy. Submit small (≤1x1cm) representative sample in a small amount of sterile saline. If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint.	Sterile screw cap container	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation If bronchoscopy wash/lavage, please refer to source "Bronchial Wash/Lavage" If nasal sinus wash/lavage, please refer to source "Nasal Sinus Wash/Lavage"
	OR Implant/Device C&S	CUORIMPLANT	Surgically collected swab. Swabs are suboptimal specimens and are not recommended as organism recovery is compromised.	Swab in clear transport media	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation If bronchoscopy wash/lavage, please refer to source "Bronchial Wash/Lavage" If nasal sinus wash/lavage, please refer to source "Nasal Sinus Wash/Lavage"
	OR Swab C&S	CUORSWAB	Surgically collected tissue/biopsy, bone or fluid. Swabs are suboptimal specimens and are not recommended as organism recovery is compromised. Tissue/Biopsy/Bone- Submit small (≤1x1cm) representative sample in a small amount of sterile saline. If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint. Fluid: Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container or swab in clear transport media If multiple samples submitted, label each sample to differentiate.	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation If bronchoscopy wash/lavage, please refer to source "Bronchial Wash/Lavage" If nasal sinus wash/lavage, please refer to source "Nasal Sinus Wash/Lavage"
	OR Tissue C&S	CUORTISSUE	Surgically collected tissue. Submit small (≤1x1cm) representative sample in a small amount of sterile saline. If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint.	Sterile screw cap container If multiple samples submitted, label each sample to differentiate.	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation If bronchoscopy wash/lavage, please refer to source "Bronchial Wash/Lavage" If nasal sinus wash/lavage, please refer to source "Nasal Sinus Wash/Lavage"

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
OR (Intraoperative) specimens cont'd	TB/Mycobacteria-Tissue/Biopsy or TB/Mycobacteria-Fluid/Aspirate	- if tissue TBTISSUE - if fluid TBFLUID	Surgically collected tissue/biopsy, bone or fluid. Tissue/Biopsy/Bone- Submit small (≤1x1cm) representative sample in a small amount of sterile saline. Fluid: Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- no requisition required for send out	
	Virus- Tissue/Biopsy or Virus- Fluid/Aspirate	- if tissue VIRTISSUE - if fluid VIRFLUID	Surgically collected tissue/biopsy specimen	If fluid: Sterile screw cap container If tissue: Vial containing UTM (i.e. Copan blue-top)	Store refrigerated (4°C) Transport to lab within 12 hrs Ship on dry ice	BCCDC- Complete PHSA Laboratories Virology Requisition See bottom of page for link	
	OR Implant/Medical Device C&S	CUORIMPLANT	Includes cement from joint revisions, screws or pins from bone reconstruction, pieces of joint reconstruction material (titanium, surgical steel, or plastic), pieces of skull plate.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Pericardial Fluid	Fluid/Aspirate C&S	CUFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Note: Pericardial tissue is superior to pericardial fluid for the culture recovery of Mycobacterium spp.	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	See bottom of page for link	
	Virus- Fluid/Aspirate	VIRFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Store refrigerated (4°C) or at room temperature Transport to lab as soon as possible	BCCDC- Complete PHSA Laboratories Virology Requisition See bottom of page for link	
Peritoneal (Ascites) Fluid	Fluid/Aspirate C&S	CUFLUID	Aseptically collected fluid during paracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain & culture including anaerobic investigation
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically collected fluid during paracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically collected fluid during paracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
Peritoneal Dialysis Fluid	Fluid/Aspirate C&S- Dialysis	CUFLUIDPD	For culture: collect 70 mL of peritoneal effluent. (additional volume required for other testing such as cell count, mycology etc.) Aseptically inoculate one aerobic and one anaerobic blood culture bottle each with 8-10 ml fluid. Place remaining fluid in sterile screw cap container	One aerobic blood culture bottle One anaerobic blood culture bottle and one sterile screw cap container	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain & culture including anaerobic investigation
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically collected peritoneal effluent into sterile screw cap container.	Sterile screw cap container	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically collected peritoneal effluent into sterile screw cap container	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information	
Pharmacy solutions	Sterility Specimen Culture	*Orderable by LAB only CUENVIRO	Submit vials to microbiology lab after solutions are safe to handle (radioactivity at safe level)	Original vial	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH		
Placenta	Tissue: Tissue C&S or Swab: Placenta Swab C&S Group B Streptococcus Listeria	Tissue: CUTISSUE or Swab: CUPLACENTA	Placental tissue is specimen of choice. Submit placenta tissue in small amount of sterile saline. Placenta swabs are poor specimens due to contamination from the female genital tract.	Sterile screw cap container or swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture. Anaerobic culture will be performed on tissue specimens.	
Pleural (Effusion) Fluid	Enterovirus D68 PCR	*Orderable by LAB only CDCENTVD68	Aseptically collected fluid during thoracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- Complete PHSA Virology Requisition See bottom of page for link		
	Fluid/Aspirate C&S Aspergillus Nocardia	CUFLUID	If Anthrax is suspected, consult microbiologist before collecting specimen. Aseptically collected effusion fluid during thoracentesis procedure. If drainage fluid from chest tube, please refer to " Fluid-Drainage Tube"	Submit 5-10 mL in a sterile screw cap container. If sufficient volume, also submit 4 mL in a pediatric blood culture bottle (or 8-10mL in a aerobic blood culture bottle), inoculated at patient bedside Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation	
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as testing requires special laboratory precautions. Aseptically collected effusion fluid during thoracentesis procedure. If fluid from a chest tube drain, please refer to " Fluid-Drainage Tube"	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC	Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Mycoplasma/Chlamydo/Legionell PCR Chlamydia pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	MCLPCR	Aseptically collected fluid during thoracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Order includes testing for Mycoplasma pneumoniae, Chlamydia pneumoniae and Legionella species NOTE: In addition the following specimens/orders are recommended: Serum: Mycoplasma IGM Urine: Legionella Antigen	
	Parasite-Worm/Fecal Object ID Paragonimus Strongyloides Toxoplasma Echinococcus	PARAW	Aseptically collected fluid during thoracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	BCCDC- Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	Specify sample type and suspected parasite name	
	Pneumococcal PCR Pneumococcus	PNEUMOPCR	Aseptically collected fluid during thoracentesis procedure. **All requests must be approved by the microbiologist on call.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	BCCW - Complete IH outpatient requisition with contact information for MRP and patient symptoms/antibiotics.		
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically collected fluid during thoracentesis procedure	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out		
Prosthetic Device	OR Implant/Medical Device C&S	CUORIMPLANT	Includes implanted devices such as prosthetic valves, implants, grafts, artificial eyes, joints, lenses and meshes. Tissue specimens recommended Submit specimen in sterile screw cap container.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/ Coronavirus/Bocavirus/Rhinovirus/Enterovirus /Human metapneumovirus and atypical bacterial pathogens Chlamydia/ Legionella/ Mycoplasma	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Prosthetic Joint (Synovial) Fluid	Fluid/Aspirate C&S	CUFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation Prosthetic joint cultures are held for prolonged incubation
	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
Rectal /Perianal/Anal	ARO VRE Rectal VRE Screen (ARO)	*Only orderable by LAB CUVRERECTAL	Insert the swab into the rectum just far enough to get swab stained with feces	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH, RIH, EKH	Performed only on renal patients who may be travelling and may require dialysis to be performed at a non-IH facility. All other requests must be approved by a microbiologist.
	Pinworm Exam Enterobius	PINWORM	Remove cap on container which has an inserted paddle. With "sticky side" press this surface against perianal skin with moderate pressure. Replace lid into container and screw closed. Note: The ideal time for this procedure is early in the morning after arising and before emptying bowels. As pinworm ova may be deposited sporadically, collection of 3 consecutive daily specimens may be necessary.	Pin worm collection paddle Scotch tape collections are NOT acceptable	Store refrigerated (4°C) or at room temperature Transport to lab as soon as possible	BCCDC- Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
	ARO CPO Rectal	CUCPORECTAL	Moisten the swab in the transport medium. Insert 3-4 cm into rectum and gently rotate.	Eswab (IH Central) or Swab in clear transport media (IH West/East)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Performed upon admission- see Infection Control ARO screening criteria For outbreak or exposure investigation order: CUCPOUTBREAK/ARO CPO Xposure
	Herpes/VZV-Genital/Face/Skin Herpes Virus (HSV) Varicella Virus (VZV) Vaccinia Smallpox	VIRSKIN <u>If Outpatient:</u> (*Orderable by LAB only) VIRSKINOP	Includes vesicular lesions on skin in genital region. Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vile of transport medium.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan) Note: NP collection kits such as Yocon are NOT acceptable.	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<u>Inpatient/ER:</u> IH Microbiology Labs - EKH, KGH, RIH <u>Outpatient:</u> BCCDC - Complete PHSA Laboratories Virology Requisition (see bottom of page for link) Check label for performing site.	Check label for performing site
	Rectal-Chlamydia/GC NAAT	CHLGCRECTAL <i>Note: If patient self-collected swab, see "Additional Information". Do not enter this order into Meditech.</i>	Insert the swab approximately one inch into the anal canal. If the swab is stained with feces, then use another swab to collect the sample. Move the swab from side to side in the anal canal to sample crypts: allow several seconds for absorption of organisms onto the swab.	Aptima multitest swab (orange label)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH, RIH	Testing for Chlamydia trachomatis and Neisseria gonorrhoeae (GC) performed by molecular assay (NAAT/PCR) method. One swab can be collected for both tests. "Freddie" patients will submit a self-collected specimen with a requisition that states "SELF COLLECTED SWABS". Do not enter the sample (CT/GC) requisition into Meditech. No tracking of samples is required. IH will act as a conduit and forward the sample to BCCDC for testing.
	Rectal-Gonorrhea (GC) Culture Neisseria gonorrhoeae (GC) STI (Assault/Abuse)	CURECTALGC	Insert the swab approximately one inch into the anal canal. If the swab is stained with feces, then use another swab to collect the sample. Move the swab from side to side in the anal canal to sample crypts: allow several seconds for absorption of organisms onto the swab. Note: In high risk populations such as MSM (men who have sex with men) a rectal NAAT test is recommended with or without culture.	Swab in clear transport media	Store at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	For high risk populations, collect Aptima multitest container - see Rectal-Chlamydia/GC NAAT
	Vaginal/Rectal GBS Screen Group B Streptococcus	CUGBS	Swab the lower vagina followed by the rectum. Vaginal swabs alone are inadequate specimens	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Group B streptococcus carrier status

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Relapsing fever – See Borrelia							
Saliva	CMV PCR (Pediatric) Cytomegalovirus NAT Congenital CMV Only for patients 21 days of age and under. Special cases over 21 days require approval from Medical Microbiologist	CMVPCRPEd	Flocked swab and Universal Transport Medium (UTM). Swab the inside of the baby's mouth until the swab becomes saturated with saliva.	UTM Universal Transport Medium for Virus (red topped tube) Note: Same collection container/swab is used for neonates/adults	Refrigerate and ship on ice	BC Children's & Women's Laboratory Virology Requisition See bottom of page for link	Collection Instructions: http://www.elabhandbook.info/PHSA/Files/AdditionalFiles%2f1_20171012_062928_Procedure_for_CMV_Swab_Collection.pdf
	Herpes "B" Virus PCR *SAFETY* Monkey B virus Macacine herpesvirus herpesvirus simiae	*Orderable by LAB only HERPEsvBPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Saliva (1.5-2.0mL)	Sterile screw capped container	Store and ship refrigerated as TDG Category A to XCDC (transferred to NML)	Contact history required on requisition. NML- Complete PHAC Special Pathogens requisition See bottom of page for link	
	Rabies Virus PCR Rabies Rabiesvirus	*Orderable by LAB only RABIESPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Multiple collections at least 12 hours apart - 2 to 3 mL each collection	Sterile screw capped container	Store and ship frozen at -20°C.	BCCDC- PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
Semen			These specimens are not processed for bacterial culture. If Mycoplasma/Ureaplasma testing required, see instructions under "Urethra" or "Urine" which are the preferred specimens				
Seroma Fluid	Fluid/Aspirate C&S	CUFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
Skin - Lesion	Bacillus anthracis Culture Anthrax	BACANTC **Culture in level 3 laboratory**	**Potential Safety Hazard** Consult IH Microbiologist Collect 2 swabs. Collect using ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium	ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium Contact Laboratory for specialized collection kits	Store and ship refrigerated to XCDC (culture isolate requires TDG Category A shipping)	BCCDC- Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	**Potential Safety Hazard** Consult IH Microbiologist Culture in level 3 laboratory
	Bartonella henselae PCR Cat scratch disease, Bartonella henselae Bartonella quintana	BARTOSPCR	Acceptable specimen(s) are: Fluid/pus aspirated from wound with a syringe	Collected into sterile screw capped container Do NOT submit specimen in a syringe	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist Molecular detection of Bartonella henselae, and Bartonella quintana the bacteria that cause cat scratch disease.
	Enterovirus/Coxsackie PCR Echoviruses Polioviruses Hand foot and mouth	ENTEROVPCR	Vesicle fluid: Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan)	Store and ship refrigerated to XCDC	BCCDC- PHSA Virology Requisition See bottom of page for link	
	Herpes "B" Virus PCR *SAFETY* Monkey B virus Macacine herpesvirus herpesvirus simiae	*Orderable by LAB only HERPEsvBPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Deroofed vesicular skin lesions	Collected in red-topped Universal Transport medium for virus	Store and ship refrigerated as TDG Category A to XCDC (transferred to NML)	Contact history required on requisition. NML- Complete PHAC Special Pathogens Requisition See bottom of page for link	
	Monkeypox Virus Skin Lesion	MONPOXLESION	Biopsy of lesion or scrapings from crust material	Sterile screw-capped container	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 If scrapings: Store and ship refrigerated (4°C). If biopsy: Store frozen (-20°C) and ship on dry ice. Transport to lab within 12 hrs	BCCDC- PHSA Virology Requisition See bottom of page for link	
	Syphilis Nucleic Acid (NAT) Note: This order should be accompanied with syphilis serology testing if serology has not already been performed. See *Syphilis Screen EIA/RPR*	SYPHNAT	Chancre fluid swab	Aptima (orange) multitest kit or Universal Transport Medium for Virus (i.e. blue-topped Copan swab)	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	All syphilis lesions should be accompanied by serology if serology has not already been performed. PCR is available on painless chancre swabs. For painful lesions, Herpes PCR should be ordered as well, and if it's negative then syphilis PCR may be performed on the same swab. Note to lab: Do not reject samples if serology does not accompany the swab.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Skin- Broken Surface	ARO CPO Xposure CPO Screen (ARO)	CUCPOOUTBREAK	Swab of one open draining wound.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Carbapenemase producing organisms
	ARO MRSA Open Wound Methicillin Resistant Staph aureus	CUMRSAWOUND	Swab of <u>one</u> open draining wound.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Methicillin Resistant strains of Staphylococcus aureus
	Wound C&S- Skin (Broken Surface)	CUWOUND	Swab of skin surface that has lost some skin integrity including sources such as abrasion, blister, carbuncle, laceration, hematoma, insect bite, superficial burns and ulcers. Site preparation is critical to culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching swab to contaminating skin.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	If specimen collected from an ulcer CUWOUNDU/ Wound C&S- Ulcer/Chronic Wound Both orders includes Gram stain and culture including Yeast (Candida) Please indicate source of wound and any relevant clinical history
Skin- Intact Skin Surface	Wound C&S- Skin (Intact Surface) Impetigo	CUSKIN	Swab of skin surface that has had no break in skin integrity. Includes sources such as acne, boil, mild cellulitis, eczema, folliculitis, impetigo, lesion, phlebitis, rash, skin, skin fold.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida)
	ARO MRSA Groin/Perianal Methicillin Resistant Staph aureus	CUMRSAGROIN	Swab of groin/perianal area. Using one swab, firmly swab both groins starting at the front of the groin area and extending right back almost to the anus.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Methicillin Resistant strains of Staphylococcus aureus
	Herpes/VZV-Genital/Face/Skin Herpes Virus (HSV) Varicella Virus (VZV) Vaccinia Smallpox	VIRSKIN If Outpatient: (*Orderable by LAB only) VIRSKINOP	Includes vesicular lesions on skin in genital region. Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vial of transport medium.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan) Note: NP collection kits such as Yocoon are NOT acceptable.	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	Inpatient/ER: IH Microbiology Labs - EKH, KGH, RIH Outpatient: BCCDC - Complete PHSA Laboratories Virology Requisition See bottom of page for link	Check label for performing site
	Monkeypox Virus Skin Swab	MONPOXSWAB	Vesicle fluid: Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vial of transport medium.	Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan) Note: NP collection kits such as Yocoon are NOT acceptable.	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 Store and ship refrigerated (4°C). Transport to lab within 12 hrs	BCCDC- PHSA Virology Requisition See bottom of page for link	
Skin scrapings	Parasite-Scabies/Lice Exam	PARASCLI	Scabies investigation: Add one or two drops mineral oil to suspected lesion, using sterile scalpel blade or microscope slide, scrape skin vigorously to remove top of papule and expose end of tract. Alternately mount scrapings between two slides with mineral oil.	Mount scrapings between two slides with mineral oil and place in a sterile container or sterile petri dish (seal)	Store at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
	Fungus- Skin Scrapings Athlete's Foot Malassezia Ringworm (Tinea) Jock Itch	MYCSKIN	Cleanse the skin with 70% alcohol to reduce bacterial contamination. Gently scrape the skin surface at the active margin on the lesion. Do not draw blood. If scalp, gently scraping with a sterile toothbrush or small brush works well.	Sterile screw cap container or paper dermatophyte collection kit	Transport to lab (at room temperature) within 12 hrs	RIH Microbiology lab	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Sputum	Sputum C&S Nocardia Aspergillus Burkholderia pseudomallei (Meloidosis)	CUSPUTUM	If Burkholderia pseudomallei is suspected, please contact microbiologist. **IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate. If Burkholderia pseudomallei is suspected, please contact microbiologist before collecting specimen, as special laboratory precautions are required.	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	** Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast/Candida and Aspergillus Please note any pertinent clinical information on order such as COPD, bronchiectasis, hemoptysis immunosuppression or oncology/ cancer patient. If tracheostomy site swab, please order as "Wound - Broken Skin"
	Sputum C&S - Cystic Fibrosis Burkholderia cepacia	CUSPUTUMCF	**IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied	** Refrigerate specimen (4°C)** Transport to lab ASAP	Patients < 18 years- BCCW: Complete BC Women's and Children's Outpatient Requisition See link at bottom of page Patients ≥ 18 years- St. Paul's Hospital* *Note: requests for Mycobacteriology and Mycology on CF patients ≥ 18 years should also be submitted to St. Paul's hospital for testing	Only one specimen per week should be processed due to complexity and extended incubation of CF cultures. This specimen type is restricted to Cystic Fibrosis patient or CF clinic patients.
	ARO CPO Xposure CPO Screen (ARO)	CUCPOOUTBREAK	**IH Patient Collection Instructions available for sputum collections** Also includes sputum collected by auger/endotracheal suction/tracheal aspirate	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.	** Refrigerate specimen (4°C)** Transport to lab within 12 hours	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Carbapenemase producing organisms
	Enterovirus D68 PCR	*Orderable by LAB only CDCENTVD68	Collect ≥2 mL **IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen.	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied	** Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	
	Fungal Culture (Dimorphic/Filamentous)		Sputum specimens are not processed for fungal culture. If Yeast/Candida or Aspergillus culture requested, order C&S routine culture. If dimorphic fungi suspected, submit bronchoscopy or tissue specimen, or consult microbiologist				
	MERS-CoV Coronavirus PCR Middle East respiratory syndrome Coronavirus	*Orderable by LAB only MERSPCR	** Safety Alert** Consult IH Microbiologist before specimen collection. Optimal: 1 mL Minimum: 0.3mL	Sterile screw capped container or viral transport swab	Store and ship refrigerated to XCDC (forwarded to NML)	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Parasite-Worm/Fecal Object ID Paragonimus Strongyloides Toxoplasma Echinococcus	PARAW	Collect sputum into sterile screw cap container	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using supplied lid.	** Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	Specify sample type and suspected parasite name

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Sputum cont'd	TB/Mycobacteria-Respiratory AFB Culture TB Culture	TBRESP	**IH Patient Collection Instructions available for sputum collections** Sputum quality is critical. Sputum should be representative of secretions from the lungs after a productive deep cough, NOT saliva or nasopharyngeal discharge. Three (3) good quality sputum specimens should be collected consecutively. If patient is able to produce high quality sputum, they may be collected on the same day, at least 1 hour apart. Otherwise collect specimens every 8 hours or when high quality sputum is obtained. Preferably, one sputum should be obtained early in the morning , before eating or drinking anything. Submit minimum 5 mL with each sample collected. Have patient rinse mouth with water or saline (not mouth wash) prior to collection. For patients with difficulty producing sputum – an induced sputum collection may be performed. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate.	Sterile screw cap container(s). If collected into Lukens trap/auger suction, please remove tubing and close container using supplied lid. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	** Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC - no requisition required for send out Exception: For cystic fibrosis patients, see "Sputum C&S - Cystic Fibrosis"	
	Virus Covid/Flu -Sputum 2019-nCoV SARS-coV-2 novel coronavirus Influenza Respiratory Syncytial Virus (RSV)	VIRRESPSP	Collect ≥2 mL **IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen.	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied	** Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Virus Covid/Flu + Magpix-Sputum *only use if physician specifically orders Magpix Adenovirus Bocavirus Coronavirus (excluding COVID-19) Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) Chlamydia pneumoniae Legionella species MCL PCR Mycobacterium pneumoniae	VIRRMAGSP	Collect ≥2 mL **IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen.	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied	** Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs- EKH, KBH, KGH, RIH Specimen will be forwarded to BCCDC for additional testing- Complete PHSA Laboratories Virology Requisition See bottom of page for link	Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Coronavirus/Bocavirus/Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydia/ Legionella/ Mycoplasma
Stool	E histo (Amoebiasis) Ag Stool Amoebiasis ELISA (Amoebiasis)	EHISTOSA	Collect fresh stool into sterile screw capped container (unpreserved) Also submit SAF preserved stool sample to confirm presence of E. histolytica/dispar	Sterile screw capped container (plus enteric pathogen transport container)	Stool for antigen detection: Store at -20 °C and ship frozen to XCDC Stool for parasite exam: Store and ship refrigerated to XCDC	Travel history required on requisition. BCCDC - Complete PHSA Parasitology Requisition	Order will be reviewed by a IH microbiologist
	ARO CPO Rectal CRE Carbapenemase Resistant Enterobacteriaceae CPE Carbapenemase Producing Enterobacteriaceae or -if <u>Oubreak or exposure</u> investigation: ARO CPO Xposure	CUCPORECTAL or CUCPOOUTBREAK	Collect specimen into clean, dry container, then transfer to sterile screw cap container or Copan Fecal swab Note: Stool is specimen of choice If patient is a neonate or a febrile neutropenic patient	Sterile screw cap container or Copan Fecal swab	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Performed upon admission- see Infection Control ARO screening criteria
	Bacillus anthracis Culture Anthrax	BACANTC **Culture in level 3 laboratory**	**Potential Safety Hazard** Consult IH Microbiologist Stool – collected into sterile container	Sterile screw capped container	Store and ship refrigerated to XCDC (culture isolate requires TDG Category A shipping)	BCCDC- Complete PHSA Laboratories Bacteriology & Mycology Requisition. See bottom of page for link.	**Potential Safety Hazard** Consult IH Microbiologist Culture in level 3 laboratory
	C&S (Enteric Pathogen) - see Stool bacterial/parasite/virus	*Orderable by lab only CUSTOOL - Stool C&S					
	Clostridium botulinum toxin detection and culture Botulism Infant botulism	*Orderable by lab only CLOBOTI	Collect at least 25 mL in a sterile container. Collect portions of the stool with blood or mucus. Do not contaminate with toilet water or urine. For infants: a pooled enema sample without preservatives may be submitted **Contact IH Microbiologist – must be approved**	Sterile screw cap container (see vomitus also)	** Refrigerate specimen (4°C)** Transport, on ice, to BCCDC within 3 days of collection		Investigation of possible botulism involves the attending physician, the medical health officer, the medical microbiologist (IHA), and the following people at BCCDC: Medical microbiologist, pharmacy and epidemiologist.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Stool cont'd	Enterovirus/Coxsackie PCR Echoviruses Polioviruses Hand foot and mouth	ENTEROVPCR	Collect specimen into clean, dry container. Transfer portion (10-20 grams or walnut size) to sterile container.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- Complete PHSA Laboratories Virology Requisition See bottom of page for link	In suspected meningitis/encephalitis cases when a CSF specimen cannot be obtained, a throat and a stool specimen should be submitted for Enterovirus PCR testing
	Fungal Culture (Dimorphic/ Filamentous)		Stool specimens are not processed for fungal culture				
	H pylori stool antigen	HPYLOSAG	Stool	Collect specimen into sterile screw top container.	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Polio Virus PCR Polio Poliovirus types 1, 2 and 3	*Orderable by LAB only POLIOPCR	Acceptable specimen(s): Stool – in sterile container (no additives). For best results obtain at least 2 specimens 24 hours apart ideally within 14 days of onset.	Sterile screw capped container	Store at -20°C and ship frozen to XCDC (forwarded to NML)	NML- Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Rotavirus – see Stool bacterial/parasite/virus						
	Stool bacterial/parasite/virus Stool C&S Hamburger Disease Ova & Parasite Gastrointestinal viruses Verotoxin/Shigatoxin PCR	GIPCR	**IH Patient Collection Instructions available** Collect specimen into clean, dry container then collect a stool sample using Copan FecalSwab. This includes stool specimens collected from a colostomy bag or colon drain. Choose a portion of the stool with mucous or blood if possible. Do NOT contaminate with urine or toilet water	Copan FecalSwab Stool must be placed in FecalSwab within 30 minutes of collection.	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	PCR panel at KGH includes detection of the following pathogens: Aeromonas, Campylobacter, E coli 0157, Clostridium difficile Salmonella, Shigella/Enteroinvasive E.coli, Vibrio, Yersinia, Blastocystis hominis, Cryptosporidium, Cyclospora cayetanensis, Dientamoeba fragilis, Entamoeba histolytica, Giardia, Norovirus (Norwalk), Rotavirus, Adenovirus, Astrovirus, Sapovirus. PCR Panel at EKH/KBH/RIH includes: Campylobacter spp., Clostridium difficile toxin A/B, Plesiomonas shigelloides, Shigella/Enteroinvasive E.coli, Vibrio spp. (including specific identification of Vibrio cholera), Yersinia enterocolitica, Shiga-like toxin-producing E. coli (including E. coli O157), Shigella spp., Cryptosporidium spp., Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus, Astrovirus, Norovirus GI/GII, Rotavirus A and Sapovirus PCR will not be performed on patients who have been hospitalized or admitted to long-term care ≥3 days unless bloody stools, or specific requests from Infection Control. If outbreak suspected, order GIOUTBREAK/Virus GI -Inpatient/Outbreak
	Stool- C. difficile Toxin (stand-alone test for use when there is high initial clinical suspicion of C. difficile) <i>Note: C. difficile is also included in the GI Molecular Panel - see Stool bacterial/parasite/virus, above</i>	CDIFF	**IH Patient Collection Instructions available** Collect LIQUID or SOFT stool into clean dry container. Soft stool is defined as stool taking the shape of the container. Formed stool will be rejected. Do NOT submit for "test of cure"	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	- Test will NOT be performed if positive C. difficile result within the previous 30 days. - Test will NOT be performed if negative C. difficile result within the previous 7 days. - Test will NOT be performed on children under 12 months of age. Testing of this age group requires approval of Microbiologist. - Test will NOT be performed if Stool bacterial/parasite/virus panel is ordered (C. difficile is included in the panel)
	Stool Exclusion Testing *Orderable by LAB only	STEXCLUSION	**IH Patient Collection Instructions available** Collect specimen into clean, dry container then collect a stool sample using Copan FecalSwab. This includes stool specimens collected from a colostomy bag or colon drain. Choose a portion of the stool with mucous or blood if possible. Do NOT contaminate with urine or toilet water	Copan FecalSwab Stool must be placed in FecalSwab within 30 minutes of collection.	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	KGH Microbiology Lab	This test is performed at KGH only at the request of the Communicable Diseases Unit (CDU). IH Laboratory Requisition must state "Exclusion Stool Testing" in the Other Tests section. If IH Lab requisition does not have this instructions in the Other Tests section, order Stool bacterial/parasite/virus (GIPCR) instead.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Stool cont'd	Stool Microscopy (Parasite) SAF Ascariis, Isospora, Microsporidium, Tapeworm Helminth Hookworm Schistosoma Strongyloides Trichuria Whipworm	PARAXM	In Patient Collection Instructions available. Collect specimen into clean, dry container. Requires two specimens, collected on separate days. Choose a portion of the stool with mucous or blood if possible. May only be submitted in rare circumstances (suspected helminth (worm) infection or refractory diarrhea where patient is immunocompromised or has travelled to, or emigrated from, a country outside of Canada, USA, Australia, New Zealand or Western Europe with the past 2 years). Do NOT contaminate with urine or toilet water.	SAF Transport Medium Add 2 or 3 spoonfuls of fresh sample to the liquid (SAF Fixative) in the transport medium within 30 minutes of collection. Mix well and screw on lid tight. Specimens that are overfilled or in cracked /leaking containers will NOT be processed.	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- Complete IH requisition. Order must be handwritten/typed as "Stool Manual Parasite Exam SAF" in Other Test section.	Not routinely performed on patients who have been hospitalized ≥ 3 days. Note: Testing will only be performed if a requisition accompanies the specimen and the order has been handwritten/typed as "Stool Manual Parasite Exam SAF" in Other Test section.
	Stool WBC (Fecal Leukocytes)		This testing is not available in BC. Consult IH Clinical Biochemist for testing options.				
	Verotoxin/ Shigatoxin PCR *Orderable by LAB only	CDCVEROTOX	**IH Patient Collection Instructions available** Collect specimen into clean, dry container then collect a stool sample using Copan FecalSwab. This includes stool specimens collected from a colostomy bag or colon drain. Choose a portion of the stool with mucous or blood if possible. Do NOT contaminate with urine or toilet water	Copan FecalSwab Stool must be placed in FecalSwab within 30 minutes of collection.	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- Complete PHSA Laboratories Bacteriology & Mycology Requisition. See bottom of page for link.	This test is performed at BCCDC only at the request of the Communicable Diseases Unit (CDU). IH Laboratory Requisition must state "Exclusion Stool Testing" and "Verotoxin/ Shiga toxin BCCDC" in the Other Tests section. If IH Lab requisition does not have these instructions in the Other Tests section, order Stool bacterial/parasite/virus (GIPCR) instead.
	Virus GI - Outbreak GI Outbreak Norovirus (Norwalk) Rotavirus Adenovirus	GIOUTBREAK	Collect specimen into Copan Fecal Swab. Routine testing is not recommended for individual cases. Testing will be performed on specimens from an outbreak, from solid organ transplant patients, fecal transplant patients, children ≤ 5 years and hospitalized/ ER patients.	Copan Fecal Swab	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Strongyloides Parasite ID Strongyloides stercoralis Strongyloidiasis	STRONGID	Acceptable specimen(s): Feces in SAF preservative. Sputum or duodenal contents in sterile container	SAF preservative container or Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Throat/Tonsil	Throat- Gonorrhea (GC) Culture STI gonorrhea	CUTHROATGC	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa Note: In high risk populations such as MSM (men who have sex with men) a pharyngeal NAAT test may be collected in addition to culture.	Swab in clear transport media High risk populations: Aptima multitest swab kit – orange label (CT/GC NAAT)	Store at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH
Candida/Yeast Culture			Testing for yeast is not performed from this body site. If thrush suspected, collect mouth swab.				
Chlamydia psittaci PCR		CHLAMPSPCR	Throat swab in universal transport media	UTM Universal Transport Medium for Virus (red topped tube)	Store at -20 °C and ship frozen to XCDC (forwarded to NML)	Requisition: PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
Throat - Cystic Fibrosis C&S		CUTHROATCF	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa	Swab in clear transport media	Store refrigerated (4°C) Transport to lab asap	Patients < 18 years- BCCW: Complete BC Women's and Children's Outpatient Requisition See link at bottom of page Patients ≥ 18 years- St. Paul's Hospital* *Note: requests for Mycobacteriology and Mycology on CF patients ≥ 18 years should also be submitted to St. Paul's hospital for testing	This specimen type is restricted to Cystic Fibrosis patient or CF clinic patients.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Throat/Tonsil cont'd	Diphtheria C	DIPHTHC	Specialized collection kit. Swab the posterior pharynx, tonsils. Recovery of C. diphtheriae is enhanced by culturing both a nose and a throat sample. Please submit two specimens.	ESwab 481C – Minitip Flocked Swab with Liquid Amies Medium Contact Laboratory for specialized collection kits	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSa Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	Measles Virus PCR Rubeola Red measles	MEASLEPCR	Throat swab in universal transport media	UTM Universal Transport Medium for Virus (red topped tube)	Store and ship refrigerated to XCDC	BCCDC - Complete PHSa Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Monkeypox Virus Oropharynx	*Orderable by LAB only MONPOXOP	Oropharyngeal flocked swab IH Microbiologist approval required - Recommended sample type is skin swab or biopsy of lesion	UTM Universal Transport Medium for Virus (red topped tube)	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 Store and ship refrigerated (4°C). Transport to lab within 12 hrs	BCCDC- Complete PHSa Virology Requisition See bottom of page for link	For individuals who do not have skin lesions and are suspected to be in the first stage of illness (prodrome). Please discuss with a microbiologist on call before collecting and submitting these sample types.
	Rubella Virus PCR Rubella virus German measles	*Orderable by LAB only RUBELPCR	Acceptable specimen(s): Throat swabs collected into viral transport medium collected as soon as possible after rash onset (within 5 days). Specimens collected later will still be accepted however the assay sensitivity may be affected.	UTM Universal Transport Medium for Virus (red topped tube) Leave swab in viral transport medium for at least 1 hour, then remove and discard the swab.	Store and ship refrigerated to XCDC to be received within 48 hours of collection. Otherwise freeze and ship on dry ice. (forwarded to NML)	BCCDC- Complete PHSa Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Throat C&S (Group A Strep) Arcanobacterium Group A Streptococcus Strep Throat	*Orderable by LAB only CUTHROAT Note: This order is for outpatients only. Do not order on inpatients/ED unless requested by Microbiologist.	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa	Swab in gel transport media or Eswab collection kit (Note: Eswab in Okanagan area only)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Cultured routinely for Group A Streptococcus. Note any pertinent clinical information such as rash, epiglottitis, treatment failure, penicillin allergy or immunosuppression. Throat cultures are not processed for Neisseria meningitidis - submit blood if patient is systemically unwell. If tonsillar abscess swab, please refer to "Wound- Abscess (Pus) Swab"
	Throat C&S/ NAAT Group A Strep Group A Streptococcus Strep Throat	THRPCR	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa	Swab in gel transport media or Eswab collection kit (Note: Eswab in Okanagan area only)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Throat-Chlamydia/GC NAAT STI gonorrhea	CHLGCTHROAT <i>Note: If patient self-collected swab, see "Additional Information". Do not enter this order into Meditech.</i>	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa Note: In high risk populations such as MSM (men who have sex with men) a pharyngeal NAAT test may be collected in addition to culture.	Aptima multitest (orange label)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH, RIH	"Freddie" patients will submit a self-collected specimen with a requisition that states "SELF COLLECTED SWABS". Do not enter the sample (CT/GC) requisition into Meditech. No tracking of samples is required. IH will act as a conduit and forward the sample to BCCDC for testing.
	Virus Covid/Flu - Throat 2019-nCoV SARS-coV-2 novel coronavirus Influenza Respiratory Syncytial Virus (RSV)	VIRRESPT	Swab back of throat near tonsils (if present). Insert the swab into the transport vial, snap off the stem and close tightly before sending to laboratory.	UTM Universal Transport Medium for Virus (blue-top)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KGH, RIH Outpatient: BCCDC - Complete PHSa Laboratories Virology Requisition See bottom of page for link	
	Virus Covid/Flu+Magpix-Throat Adenovirus Bocavirus Coronavirus (excluding COVID-19) Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) Chlamydia pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	VIRRMAGT	Swab back of throat near tonsils (if present). Insert the swab into the transport vial, snap off the stem and close tightly before sending to laboratory.	UTM Universal Transport Medium for Virus (blue-top)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs- EKH, KBH, KGH, RIH Specimen will be forwarded to BCCDC for additional testing- Complete PHSa Laboratories Virology Requisition See bottom of page for link	Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Coronavirus/Bocavirus/Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydia/ Legionella/ Mycoplasma
	Tick	Parasite-Tick Identification Borrelia (Lyme Disease) Ectoparasites	PARAID	Dead tick: Submit dry or in 70% alcohol Live tick: Submit with a slightly moistened cotton.	Sterile screw cap container	Store at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSa Laboratories Parasitology Requisition See bottom of page for link

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Tissue	Tissue C&S Granuloma inguinale Donovanosis Francisella (Tularemia) Gas gangrene Klebsiella granulomatis Necrotizing fasciitis Nocardia	CUTISSUE	If Francisella (Tularemia) suspected, consult microbiologist before collecting specimen, as special laboratory precautions are required. Surgically collected tissue/biopsy specimen If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint. Submit tissue/biopsy (≤1x1cm) in small amount of sterile saline.	Sterile screw cap container or swab in clear transport media If multiple samples submitted, label each sample to differentiate.	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Bartonella henselae PCR Cat scratch disease, Bartonella henselae Bartonella quintana	BARTOSPCR	Molecular detection of Bartonella henselae, and Bartonella quintana the bacteria that cause cat scratch disease. Acceptable specimen(s) are: Lymph node tissue or heart tissue	Collected into sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	**Patients <18 years CMV PCR (Pediatric)	**Patients <18 years CMVPCRPED	Surgically collected tissue/biopsy specimen Submit tissue/biopsy (≤1x1cm) in small amount of sterile saline.	Sterile screw capped container	Store and ship refrigerated to BC Children's Hospital	BC C&W (BC Childrens) BC Children's Rapid Microbiology Requisition See bottom of page for link	
	Fungus-Tissue/Biopsy Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCTISSUE	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Surgically collected tissue/biopsy specimen. Submit tissue (≤1x1cm) in small amount of sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC
	TB/Mycobacteria-Tissue/Biopsy AFB Culture TB Culture	TB TISSUE	Surgically collected tissue/biopsy specimen Submit tissue/biopsy (≤1x1cm) in small amount of sterile saline.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC- no requisition required	
	Tropheryma (Whipple's Disease)	TROPHYERMA	Consult microbiologist before collecting specimen as specimen is tested at reference laboratory and requires pre-approval. For Gastroenteritis: Collect duodenal, gastric or colonic biopsy. For Neurologic infection: Collect brain biopsy or CSF. Submit tissue/biopsy (≤1x1cm) in small amount of sterile saline.	Sterile screw cap container	Transport to lab as soon as possible Tissue: Store and ship FROZEN Fluid: Store refrigerated (4°C)	BCCDC- Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Consult microbiologist before collecting specimen
	Virus- Tissue/Biopsy	VIRTISSUE	Surgically collected tissue/biopsy specimen	Vial containing UTM (i.e. Copan blue-top)	Store refrigerated (4°C) Transport to lab within 12 hrs Ship on dry ice	BCCDC- Complete PHSA Laboratories Virology Requisition See bottom of page for link	
	Fungus-Tissue/Biopsy Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Other Filamentous fungi	MYCTISSUE	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Ideally specimen should be collected and submitted within 48 hours of death. Submit as much tissue as possible.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC
	TB/Mycobacteria-Tissue/Biopsy AFB Culture TB Culture	TB TISSUE	Ideally specimen should be collected and submitted within 48 hours of death. Submit as much tissue as possible.	Sterile screw cap container	Store refrigerated (4°C) Transport to lab as soon as possible	BCCDC- no requisition required for send out	
	Tissue (Autopsy)	Tissue C&S	CUTISSUE	Ideally specimen should be collected and submitted within 48 hours of death. Submit as much tissue as possible.	Sterile screw cap container.		IH Microbiology Labs - EKH, KBH, KGH, RIH
Virus- Tissue/Biopsy 2019-nCoV SARS-coV-2 novel coronavirus		VIRTISSUE	Submit tissue (approximately 0.3 cm ³) collected in saline or viral transport medium	Sterile screw cap container	** Refrigerate specimen (4°C)**	BCCDC- Complete PHSA Laboratories Virology Requisition See bottom of page for link	
Bronchial/EBUS Biopsy C&S		CUENDOBRRB	Routine culture is rarely performed. Contact medical microbiologist if required.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Transbronchial needle aspiration	Fungus-Respiratory/Bronchial	MYCRESP	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Collected during bronchoscopy. Fluid collection using needle aspiration.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- Complete PHSa Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available.
	TB/Mycobacteria-Respiratory AFB Culture TB Culture	TBRESP	Collected during bronchoscopy. Fluid collection using needle aspiration.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- no requisition required for send out	
	Bronchial/EBUS Biopsy C&S	CUENDOBRB	Routine culture is rarely performed. Contact medical microbiologist if required.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Transbronchial tissue biopsy	Fungus-Respiratory/Bronchial	MYCRESP	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Collected during ultrasound guided bronchoscopy. Needle aspiration of tissue/fluid.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- Complete PHSa Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available.
	TB/Mycobacteria-Respiratory AFB Culture TB Culture	TBRESP	Collected during bronchoscopy. Collection of tissue using forceps.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	BCCDC- no requisition required for send out	
	Wound C&S- Tube/Drain Site	CUTUBESITE	Cleanse site, wiping away any surface exudate with sterile saline. Use swab to collect exudate/pus. Avoid touching skin/catheter/drain with swab. Tube/Drain site examples include axillom, chest, feeding (PEG), hemovac, G or J tube, malecot, penrose, saratoga, T-tube (biliary).	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida)
Tube/ Drain Insertion/Exit Site	Fluid/Aspirate C&S Aspergillus	CUFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
Tympanic fluid Tympanocentesis	Fungus-Fluid/Aspirate Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides Other Filamentous fungi	MYCFLUID	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container Do NOT submit specimen in a syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSa Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Aseptically aspirated fluid. Submit as much fluid as possible. Fluid collected onto a swab is a suboptimal specimen	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
Urethra	Mycoplasma/Ureaplasma Mycoplasma hominis Ureaplasma urealyticum	GENMYCOPCR	Using a small, wire shaft swab, insert 2 - 4 cm into urethra, Rotate swab 2 to 3 seconds to ensure adequate sampling. Place into Universal Transport Medium.	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete Complete PHSa Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Investigation of "genital" mycoplasmas (Mycoplasma hominis /Ureaplasma urealyticum)
	STI (Assault/Abuse)		No screening recommended for chlamydia/GC. Prophylactic treatment is best practice.				Effective fall 2015 - Refer to IH SAVR policy and procedure manual
	Urethra/Penis C&S-Skin Swab	CUURETHRA	Swab of "intact skin" surface of the following sources: urethra, foreskin, foley catheter site, penis, or urinary meatus. If purulent urethral discharge, NAT testing for chlamydia/gonorrhea is indicated.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida)

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Urethra con'td	Candida/Yeast Culture - see Urethra/Penis C&S-Skin Swab						
	Urethra-Chlamydia/GC NAAT STI gonorrhoea LGV Lymphogranuloma venereum	CHLURETHRA	Unless a purulent urethral discharge, urine is the optimal specimen for chlamydia/GC detection in males. Patient should not have urinated for at least 1 hour prior to specimen collection. Using blue shaft collection swab, insert swab 2 to 4 cm into urethra. Rotate swab 2 to 3 seconds to ensure adequate sampling. Place swab into transport kit, breaking shaft at indicated score line. Secure lid firmly. If suspected sexual assault/abuse, please refer to "STI (Assault/Abuse)" If suspected treatment failure, testing should be performed by culture.	Aptima Unisex swab kit	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH, RIH	Testing for Chlamydia trachomatis and Neisseria gonorrhoeae (GC) performed by molecular assay (NAAT/PCR) method. One swab can be collected for both tests.
	Urethra-GC (Gonorrhea) Culture	CUURETHRAGC	Patient should not have urinated for at least 1 hour prior to specimen collection.	Swab in clear transport media	Store at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	
Urine	**Patients <18 BKV PCR Pediatric Polyoma Virus BK	**Patients <18 BKVPCRPEDES	Urine - midstream (optimal 1 mL)	Urine midstream collected into a sterile container	Store and ship refrigerated. Stable for up to 7 days. Store and ship at -20°C if longer than 7 days.	BC C&W (BC Childrens)	See also BK Virus Viral Load Order will be reviewed by a IH microbiologist
	**Patients ≥18 years CMV PCR Adult	**Patients ≥18 years CMVPCRADULT	Urine (2mL)	Collected in a sterile container	Refrigerate and ship on ice	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	See also CMV Virus Viral Load Order will be reviewed by a IH microbiologist
	**Patients <18 years CMV PCR (Pediatric)	**Patients <18 years CMVPCRPEDE	Urine - midstream (optimal 1 mL)	Urine midstream collected into a sterile container	Store and ship refrigerated. Stable for up to 7 days. Store and ship at -20°C if longer than 7 days.	BC C&W (BC Childrens) BC Children's Rapid Microbiology Requisition See bottom of page for link	
	Adenovirus PCR	ADENOPCR	Urine (1mL)	Sterile screw capped container	Store and ship refrigerated to XSP (St Paul's Hospital)	St. Paul's Hospital - Complete PHC Virology requisition See bottom of page for link	This order will be reviewed by an IH Microbiologist Other specimens (body fluid, eye swabs (viral), bronch/naso washes) - must be approved by microbiologist
	ARO CPO Xposure Carbapenemase producing organism	CUCPOOUTBREAK	**IH Patient Collection Instructions available** For instructions for collecting catheter urine culture please see: http://mms.elsevierperformancemanager.com/SkillsAIC/CPlayer/SkillsMainFrame.aspx?SessionID=0D99E508-413E-4255-92EA-588B6D84F1A7	Grey top transport container with Boric Acid preservative. Sterile screw capped container (only accepted for culture on infants where amount collected is <5 mL).	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Carbapenemase producing organisms
	Blastomyces Antigen Urine Blastomyces dermatitidis Blastomycosis	BLASTOUA	Urine (min 5mL)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Note: Travel history is required on requisition Order will be reviewed by a IH microbiologist
	Candida/Yeast Culture - see Urine C&S						
	Fungal Culture (Dimorphic/Filamentous)		Urine specimens are not processed for culture of fungi, but urine antigen testing is available for Histoplasma, Blastomyces and Coccidioides spp. **Contact Microbiologist				
	Histoplasma Antigen Urine Histoplasmosis Histoplasma capsulatum Histoplasma duboisii	HISTOPUA	Urine (min 5 mL)	Sterile screw capped container	Store and ship refrigerated to XCDC	Travel history is required on requisition. BCCDC- PHSA Zoonotics Diseases & Emerging Pathogens Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Legionella Antigen Urine Legionella pneumophila	LEGIONUA	Urine (5 -10 mL)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC- Complete PHSA Zoonotics Disease & Emerging Pathogens Requisition See bottom of page for link	Testing for acute infection with L.pneumophila serogroup 1 Order will be reviewed by a IH microbiologist

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Urine cont'd	Measles Virus PCR Rubeola Red measles	MEASLEPCR	Urine (50 mL)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Monkeypox Virus Urine	*Orderable by LAB only MONPOXUR	Urine (50 mL) IH Microbiologist approval required - Recommended sample type is skin swab or biopsy of lesion	Sterile screw capped container	** Safety Alert** Special transport (TDG A) required. NOTE: Monkeypox samples can be temporarily shipped as TDG Category B until June 30, 2023 Store and ship refrigerated (4°C). Transport to lab within 12 hrs	BCCDC- Complete PHSA Virology Requisition See bottom of page for link	For individuals who have passed the first and second clinical stages, and in whom monkeypox was suspected.
	Mumps Virus PCR	MUMPSPCR	Urine (50 mL)	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	Genital Mycoplasma/Ureaplasma PCR Mycoplasma hominis Ureaplasma urealyticum PID (Pelvic Inflammatory Disease)	GENMYCOPCR	Urine (1.0 mL)	Universal transport medium or sterile screw-capped container	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC - Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Investigation of "genital" mycoplasmas (Mycoplasma hominis /Ureaplasma urealyticum)
	Parasite -Urine (Shistosoma) Bilharzia Schistosoma	PARAURINE	Collect midstream-to-terminal specimen (collected between noon and 3p.m. void) into clean, dry container. Collect 20-50 mL.	Sterile screw cap container	Store at room temperature Transport to lab within 12 hrs	BCCDC - Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
	Rubella Virus PCR Rubella virus German measles	*Orderable by LAB only RUBELPCR	Urine collected as soon as possible after rash onset (within 5 days). Specimens collected later will still be accepted however the assay sensitivity may be affected.	Centrifuge at 2500xg for 15 min at 4 °C. Resuspend the sediment in 1-2 mL of viral transport medium (VTM)	Store and ship refrigerated to XCDC to be received within 48 hours of collection. Otherwise freeze and ship on dry ice (forwarded to NML)	BCCDC - Complete PHSA Virology Requisition See bottom of page for link	Order will be reviewed by a IH microbiologist
	TB/Mycobacteria-Urine AFB Culture TB Culture	TBURINE	Collect three first morning midstream urine samples on three consecutive days. Do NOT collect 24 hour samples A volume of 20-50 mL is adequate for each sample.	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	BCCDC - no requisition required for send out	
	Trichomonas – Female/Aptima kit or Trichomonas – Male/Aptima kit	Female: TRICHNF or Male: TRICHNM	**IH Patient Collection Instructions available** Ensure patient has NOT urinated for at least one hour prior to collection. Collect 20-30 mL or a FIRST void urine into a clean container. Note: One specimen can be used for Chlamydia/GC and Trichomonas testing (IH West)	Aptima Urine Collection Kit Transfer 2mL of urine (using include plastic pipette) into the collection kit container. Ensure urine/fluid level is between the two fill lines on the transport tube.	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH and RIH	Testing for Trichomonas vaginalis performed by molecular assay (NAAT PCR) method.
	Urine C&S	CUURINE	**IH Patient Collection Instructions available** For instructions for collecting catheter urine culture please see: http://mns.elsevierperformancemanager.com/SkillsAIC/CPayer/SkillsMainFrame.aspx?SessionID=0D99E508-413E-4255-92EA-588B6D84F1A7 Transfer urine to grey top (boric acid) container immediately after collection to ensure specimen integrity. If delay, specimen must be refrigerated. Note: Only collect urine samples for culture on symptomatic patients. Foul smelling urine is not indicative for culture as asymptomatic presence of bacteria is common in urine of elderly and catheterized patients. Indwelling urinary catheter tips are inappropriate specimens. A urine specimen should be submitted.	Grey top transport container with Boric Acid preservative. Sterile screw capped container (only accepted for culture on infants where amount collected is <5 mL).	Preserved specimens: Store refrigerated (4°C) or at room temperature Unpreserved specimens, MUST be stored refrigerated (4°C) Transport to lab within 12 hrs		Order include routine culture including Yeast/Candida Gram stains may be performed at physician request on in/out catheter specimens on pediatric or immunocompromised patients. Indicate collection type: e.g.: midstream, catheter Make note any pertinent clinical information such as recurrent UTI, Immunosuppression, neurogenic bladder. If surgically collected specimen (cystoscopic, suprapubic aspirate, bladder aspirate, nephrostomy or ureteroscopy) order as: CUORURINE/ OR Urine C&S
	Urine-Chlamydia/GC NAAT STI gonorrhea LGV Lymphogranuloma venereum	CHLGCURINE Note: If patient self-collected swab, see "Additional Information". Do not enter this order into Meditech.	**IH Patient Collection Instructions available** Ensure patient has NOT urinated for at least one hour prior to collection. Collect 20-30 mL or a FIRST void urine into a clean container. Note: One specimen can be used for both Chlamydia and GC Cervical or vaginal swabs are preferred on adult female patients although urine samples will be accepted.	Aptima Urine Collection Kit Transfer 2mL of urine (using include plastic pipette) into the collection kit container. Ensure urine/fluid level is between the two fill lines on the transport tube.	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs		Testing for Chlamydia trachomatis and Neisseria gonorrhoeae (GC) performed by molecular assay (NAAT/PCR) method. One specimen can be collected for both tests. Patients referred from the BCCDC STI/HIV clinic will submit a self-collected specimen. Do not enter the sample (CT/GC) requisition into Meditech. No tracking of samples is required. IH will act as a conduit and forward the sample to BCCDC for testing.

Source	Order Entry (OE)/Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Vagina	Genital Mycoplasma/Ureaplasma PCR Mycoplasma hominis Ureaplasma urealyticum PID (Pelvic Inflammatory Disease)	GENMYCOPCR	Collect without use of any lubricants, creams or antiseptics. Obtain secretions from the mucosal membrane of the vaginal using swab included in the viral transport kit.	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC - Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	Investigation of "genital" mycoplasmas (Mycoplasma hominis /Ureaplasma urealyticum)
	Vaginal/Rectal GBS Screen Group B Streptococcus	CUGBS	Swab the lower vagina followed by the rectum. Vaginal swabs alone are inadequate specimens.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes screening culture for Group B streptococcus carrier status
	Vagina C&S-Age<14yr or >59yr	CUVAGINAA	Obtain secretions from the mucosal membrane of the vagina with a sterile swab. If a skin swab of vulva or labia, area, please refer to "Genital-Intact Skin" If suspected sexual assault/abuse, please refer to "STI (Assault/Abuse)"	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs		Order includes Gram stain and culture including Yeast (Candida) If skin swab of vulva or labia, area, please refer to "Genital-Intact Skin"
Vagina (Age 13 yrs and younger)	Chlamydia/GC NAAT - see Urine-Chlamydia/GC NAAT STI (Assault/Abuse)		In age group of 13 years and younger, if a sexually transmitted disease is being investigated it is recommended that a urine specimen be submitted for testing. Positive specimens are sent to BCCDC for testing with a second set of NAAT primers.				
	Candida/Yeast Culture - see Vagina C&S-Age<14yr or >59yr						
	IF patient is <13 years of age, always order: Vagina C&S-Age<14yr or >59yr	CUVAGINAA	Obtain secretions from the mucosal membrane of the vagina with a sterile swab. If a skin swab of vulva or labia, area, please refer to "Genital-Intact Skin" If suspected sexual assault/abuse, please refer to "STI (Assault/Abuse)"	Copan gel swab or Eswab (clear transport media)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Vagina C&S-Age<14yr or >59yr: order includes a Gram stain and culture including yeast
Vagina (Age 14 yrs and older)	IF "initial presentation" or order with no diagnosis/history order as: Molecular Vaginitis Panel	VAGMVP	Collect using speculum without lubricants. Wipe away an excessive amount of secretion or discharge. Obtain secretions from the mucosal membrane of the vaginal vault with a sterile swab.	Aptima Multitest (orange) swab	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	KGH and RIH only	Molecular Vaginitis Panel: order includes testing for BV (Bacterial vaginosis), Yeast (Candida) and Trichomonas vaginalis
	IF "chronic or recurrent" infection order as: Molecular Vaginitis Panel	VAGMVP	Collect using speculum without lubricants. Wipe away an excessive amount of secretion or discharge. Obtain secretions from the mucosal membrane of the	Aptima Multitest (orange) swab	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	KGH and RIH only	
	IF "relevant" diagnosis such as pregnancy, post C-section, intrapartum/post partum, post hysterectomy, post pelvic radiotherapy, premature labour, ruptured membranes, toxic shock syndrome, pessary or foreign device order as: Vagina C&S-Relevant Diagnosis	CUVAGINAC	Obtain secretions from the mucosal membrane of the vagina with a sterile swab. If skin swab of vulva or labia, area, please refer to "Genital-Intact Skin" for collection and ordering instructions	Copan gel swab or Eswab (clear transport media)	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Vagina C&S-Relevant Diagnosis: order includes Gram stain and routine culture. Vaginal specimens are NOT appropriate for anaerobic culture as anaerobes are part of the usual genital flora.
	IF "routine prenatal/antepartum screen" order as: Vagina C&S-Relevant Diagnosis	CUVAGINAC	Obtain secretions from the mucosal membrane of the vagina with a sterile swab. If a skin swab of vulva or labia, area, please refer to "Genital-Intact Skin" If suspected sexual assault/abuse, please refer to "STI (Assault/Abuse)"	Copan gel swab or Eswab (clear transport media)	Store refrigerated (4°C) or at room temperature	IH Microbiology Labs - EKH, KBH, KGH, RIH	
	Vagina-Chlamydia/GC NAAT	CHLGCVAGINA Note: If patient self-collected swab, see "Additional Information". Do not enter this order into Meditech.	Carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab and then withdraw the swab without touching the skin. Place swab into transport kit, breaking shaft at indicated score line. Secure lid firmly.	NAAT Testing: Aptima Multitest swab kit	Transport to lab within 12 hrs	IH Microbiology Labs - KGH, RIH	Testing for Chlamydia trachomatis and Neisseria gonorrhoeae (GC) performed by molecular assay (NAAT/PCR) method. One swab can be collected for both tests. Patients referred from the BCCDC STI/HIV clinic will submit a self-collected specimen. Do not enter the sample (CT/GC) requisition into Meditech. No tracking of samples is required. IH will act as a conduit and forward the sample to BCCDC for testing.
	Trichomonas – Female/Aptima kit	TRICHNF	Aptima kit: Carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab and then withdraw the swab without touching the skin. Place swab into transport kit, breaking shaft at indicated score line. Secure lid firmly.	Aptima Multitest swab kit	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	IH Microbiology Labs - KGH, RIH	Can be combined with testing for Chlamydia trachomatis and Neisseria gonorrhoeae (GC) performed by molecular assay (NAAT/PCR) method. One swab can be collected for all 3 pathogens.

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Vitreous Fluid	Fluid/Aspirate C&S Aspergillus	CUFLUID	Surgically aspirated vitreous, intraocular or chamber fluid. Direct inoculation to culture media is recommended.	Sterile screw cap container or "capped" syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including anaerobic investigation
	Fungus-Fluid/Aspirate Fusarium	MYCFLUID	Surgically aspirated vitreous, intraocular or chamber fluid.	Sterile screw cap container or "capped" syringe	Critical specimen: Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.	Okanagan Region, Revelstoke and Salmon Arm: IHKGH (see exception in bold) TCS, Kootenay Regions or any site with dimorphic fungi suspected/noted: BCCDC Complete PHSA Laboratories Bacteriology & Mycology Requisition See bottom of page for link	
	TB/Mycobacteria-Fluid/Aspirate AFB Culture TB Culture	TBFLUID	Surgically aspirated vitreous, intraocular or chamber fluid.	Sterile screw cap container or "capped" syringe	** Refrigerate specimen (4°C)** Transport to lab as soon as possible	BCCDC- no requisition required for send out	
	Clostridium botulinum Botulism	*Orderable by LAB only CLOBOTI	<u>Adult patient:</u> Vomitus/stomach contents (at least 100 g) in sterile container **Contact IH Microbiologist – must be approved**	Sterile screw capped container	Store and ship refrigerated to XCDC	BCCDC - Complete PHSA Food Poisoning Requisition See bottom of page for link	Investigation of possible botulism involves the attending physician, the medical health officer, the medical microbiologist (IHA), and the following people at BCCDC: Medical microbiologist, pharmacy and epidemiologist.
Vomitus	Virus GI -Inpatient/Outbreak GI Outbreak Norovirus (Norwalk) Rotavirus Adenovirus	GIOUTBREAK	Collect at least 100 mL in a sterile container or vomitus jar	Sterile screw cap container	** Refrigerate specimen (4°C)** Transport, on ice, to BCCDC within 3 days of collection	BCCDC- Complete PHSA Laboratories GI Outbreak Notification form See bottom of page for link	
Worm	Parasite-Worm/Fecal Object ID	PARAW	Submit sample unpreserved in 0.85% NaCl (saline) If there is a delay in transit of 3 or more days, submit in 70% alcohol.	Sterile screw cap container	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	BCCDC- Complete PHSA Laboratories Parasitology Requisition See bottom of page for link	
Wound- Abscess (Pus) Swab	Wound C&S- Abscess/Pus (Swab) Tonsillar abscess (Quinsy)	CUABSCCESS	Proper preparation of site prior to specimen collection is critical for accurate culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Pass swab deep into lesion, firmly sampling the advancing margin. Swabs are suboptimal specimens. Aspirated pus is specimen of choice.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture including Yeast (Candida) Anaerobic culture will be done on aspirated specimens
	Candida/Yeast Culture - see Wound C&S- Abscess/Pus (Swab)						
Wound- Surgical Site (SSI)	Wound C&S- PO Surgical Site	CUPOINCIS	Swab of post op surgical incision site Includes sources such as post op wound, purulent drainage from surgical incision, episiotomy site etc. Site preparation is critical to proper culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab. If tissue collected, please see "Tissue"	Swab in clear transport media	Store at room temperature Transport to lab as soon as possible	IH Microbiology Labs - EKH, KBH, KGH, RIH	Order includes Gram stain and culture. Anaerobic investigation will be performed if wound dehiscence has been indicated.
	Wound C&S- Ulcer/Chronic Wound	CUWOUNDU	If Anthrax or Francisella (Tularemia) is suspected, consult microbiologist before collecting specimen, as special laboratory precautions are required. Consult microbiologist if genital ulcer and Hemophilus ducreyi (Chancroid) requested. Site preparation is critical to proper culture interpretation Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs		Order includes Gram stain and culture including Yeast (Candida) Please indicate type of ulcer e.g. decubitus, diabetic

Source	Order Entry (OE) Test Name Alternate names	Lab Mnemonic	Sampling Requirements	Collection Container	Processing Information/ Transport	Testing Site/Required Requisition	Additional Information
Wound- Ulcer	Candida/Yeast Culture - see Wound C&S- Ulcer/Chronic Wound						
	Wound C&S- Ulcer/Chronic Wound	CUWOUNDU	If Anthrax or Francisella (Tularemia) is suspected, consult microbiologist before collecting specimen, as special laboratory precautions are required. Consult microbiologist if genital ulcer and Hemophilus ducreyi (Chancroid) requested. Site preparation is critical to proper culture interpretation Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab.	Swab in clear transport media	** Refrigerate specimen (4°C)** Transport to lab within 12 hrs		Order includes Gram stain and culture including Yeast (Candida) Please indicate type of ulcer e.g. decubitus, diabetic
Wound-Deep Tissue/Trauma	IF swab specimen: Wound C&S- Deep Tissue/Trauma -also see Fluid/Aspirate C&S- Abscess Tissue C&S	CUWOUND	Includes sources such as amputation, animal or human bite, extensive burns, fasciitis, fistula/sinus, gangrene, necrotizing cellulitis., puncture or stab, trauma. Tissue or aspirated specimens are optimal. If swab collection, then site preparation is critical to proper culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab.	Sterile screw cap container or swab in clear transport media	Store at room temperature Transport to lab as soon as possible		Order includes Gram stain and culture Anaerobic investigation will be performed if appropriate specimen/site If tissue or fluid has been surgically collected, please see source " OR (Intraoperative) specimens"
	Mycobacterium(TB) Culture - see TB/Mycobacteria-Fluid/Aspirate or TB/Mycobacteria-Tissue/Biopsy						
Yersinia pestis (Plague) Culture	*Orderable by LAB only Yersinia pestis(Plague) Culture	YERPESTISC **Culture in level 3 laboratory	**Potential Safety Hazard** Consult IH Microbiologist Acceptable specimens: Blood culture vials, sputum or aspirate collected into sterile container	Blood culture vial Or Sterile screw capped container	Store and ship refrigerated to XCDC (Bacterial isolate must be shipped TDG A)	BCCDC - Complete BCCDC Bacteriology and Mycology Requisition See bottom of page for link	**Potential Safety Hazard** Consult IH Microbiologist Culture in level 3 laboratory Order will be reviewed by a IH microbiologist

PHSA Requisitions

[PHSA Laboratories Bacteriology & Mycology Requisition](#)

[PHSA Zoonotics Diseases & Emerging Pathogens Requisition](#)

[PHSA Food Poisoning Requisition](#)

[PHSA Serology Screening Requisition](#)

[PHSA Virology Requisition](#)

[PHSA Laboratories Parasitology Requisition](#)

[PHSA Food Poisoning Requisition](#)

[PHSA GI Outbreak Notification Form](#)

St Paul's Hospital Virology & reference Laboratory Requisition

[PHC Virology Requisition](#)

BC Children's and Women's Hospital Requisition

[BC Women's and Children's Outpatient Requisition](#)

[BC Children's Rapid Microbiology \(including Virology\)](#)

PHAC Requisitions

[Special Pathogens - Guide to Services - CNPHI \(canada.ca\)](#)

[NML Prion Disease Form](#)

Mayo Clinic

[Mayo Clinic General Request Form](#)

Expected Turnaround Time for Microbiology Tests

Note: All turnaround times represent time to result after receipt of specimen at microbiology laboratory

Microbiology Test	Gram smear Result	Final Report
Sterile Body Site Culture	< 1 hour	5-10 days*
Blood Culture	reported in < 1 hour after detection	5 days*†
Deep Wound Culture	< 3 hours	5-10 days*
Superficial Wound Culture	< 24 hours	48 hours
Lower Respiratory Culture	< 24 hours	48 hours
Urine Culture	N/A	48 hours
Genital Culture	< 24 hours	48 hours
Group B Streptococcus screen	N/A	72 hours
ARO screen	N/A	48 hours
Dermatophyte culture	N/A	4 weeks
<i>Clostridiodes difficile</i> EIA	N/A	< 12 hours
<i>Helicobacter pylori</i> EIA	N/A	< 12 hours
Infectious Diarrhea NAAT Panel	N/A	< 12 hours for inpatients
		< 48 hours for outpatients and Emergency department
Respiratory Pathogen NAAT testing	N/A	< 24 hours for inpatients/Emergency department
		< 48 hours for outpatients
Group A Streptococcus NAAT (throat)	N/A	< 12 hours for inpatients/Emergency department
Molecular Vaginitis NAAT panel	N/A	< 24 hours
Gonorrhea, Chlamydia and/or Trichomonas NAAT	N/A	< 24 hours
Meningitis/encephalitis NAAT Panel	N/A	< 4 hours
VZV NAAT (skin swabs)	N/A	< 12 hours for inpatients/Emergency department
Tests referred outside of Interior Health	Turnaround time is determined by the reference laboratory	

Legend:

STAT

Urgent

Routine

* growth is reported immediately

† 14 days for patients with cardiac device/prosthetic heart valve