



THE HOSPITAL FOR
SICK CHILDREN

Paediatric
Laboratory Medicine

MICROBIOLOGY LABORATORY

555 University Avenue
Room 3676, Atrium
Toronto, ON, M5G 1X8, Canada

Tel: 416-813-7200
Fax: 416-813-6599

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Gender: Male Female

For Canada Only

Provincial Health Card #:

Version:

Issuing Province:

MOLECULAR MICROBIOLOGY

Referred-in NON-VIRAL Requisition

IF NOT SICKKIDS PATIENT SEND REPORT TO:

Referring Physician Full Name:

Mailing Address:

_____ (Last Name, First Name)

Referring Laboratory: _____

Telephone Number: _____

Referring Lab Accession #: _____

Fax Number: _____

SHIPPING INSTRUCTIONS

All specimens that DO NOT MEET the transport requirements will be REJECTED.

Specimens that will arrive at SickKids within 5 days from the time of collection can be shipped ON ICE PACKS.

If **> (greater than) 5 days** from the time of collection, specimens **MUST** be shipped **FROZEN ON DRY ICE**.

Exception: Slides and blocks for Fungal PCR (room temperature)

TEST REQUESTED

Please indicate below test(s) required. * Consult a Microbiologist for testing outside the Testing Schedule.

* Page Microbiologist on-call through locating 416-813-1500 **PRIOR TO SENDING SPECIMENS**

Specimen Volume:

- **Bone Marrow (EDTA)** - 1 mL minimum for 1 test, 3-5 mL recommended for multiple tests
- **CSF** - 200-300 ul per 1 test, **for multiple tests please ensure adequate sample volume is submitted.**
- **Serum or Plasma** - 0.5 mL minimum for 1 test, >1 mL recommended for multiple tests.
- **Stool** - Cary-Blair transport medium or in sterile container, **NOT** in container with preservative.
- **Whole Blood (EDTA)** - 1 mL minimum for 1 test, 3-5 mL recommended for multiple tests.
- **Urine** - 1 mL minimum for 1 test, 2-3 mL recommended for multiple tests.

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SPECIMEN COLLECTION INFORMATION

Date (DD/MM/YYYY)

Time (HH:MM)

SPECIMEN TYPE

RELEVANT DIAGNOSIS

TESTS

▲ RECOMMENDED SPECIMENS • TESTING SCHEDULE

<input type="checkbox"/>	Aspergillus PCR <input type="checkbox"/> Aspergillus flavus / fumigatus PCR <input type="checkbox"/> Aspergillus terreus / niger PCR	▲ BAL, Fresh Tissue, Sputum • Dictated by demand
<input type="checkbox"/>	16S PCR on Clinical Specimens - UNAVAILABLE	▲ CSF • Body Fluid (Joints/Synovial, Pleural, Pericardial, Peritoneal) • Dictated by demand
<input type="checkbox"/>	Bacterial meningitis PCR (<i>Streptococcus pneumoniae</i> , <i>Neisseria meningitidis</i> , <i>Haemophilus influenzae</i> , <i>Streptococcus agalactiae</i> (Group B <i>Streptococcus</i>), <i>Listeria monocytogenes</i>)	▲ CSF • Dictated by demand
<input type="checkbox"/>	Bordetella pertussis PCR	▲ Nasopharyngeal swab • 2x per week
<input type="checkbox"/>	Bartonella group PCR (<i>B. henselae</i> , <i>B. quintana</i> , <i>B. bacilliformis</i> , <i>B. clarridgeiae</i> , <i>B. elizabethae</i> and <i>B. vinsonii</i> subsp. <i>berkhoffii</i>)	▲ Lymph node biopsy/aspirate • Whole Blood in EDTA (possible endocarditis) • Dictated by demand
<input type="checkbox"/>	B. cepacia complex Genomovar Typing	▲ Bacterial isolate on charcoal transport swab • Dictated by demand
<input type="checkbox"/>	Fungal PCR - UNAVAILABLE <i>This assay does not detect Pneumocystis jirovecii.</i>	▲ Tissue block (formalin fixed): ■ <u>Must</u> send slides (H&E, GMS, PAS) and copy of Pathology report ▲ Fresh tissue or fluid • Dictated by demand
<input type="checkbox"/>	Pneumocystis jirovecii PCR	▲ BAL • Dictated by demand
<input type="checkbox"/>	Gastrointestinal Pathogen Multiplex PCR VIRUSES: Adenovirus 40/41, Rotavirus, Norovirus BACTERIA: <i>Salmonella</i> spp., <i>Shigella</i> spp., <i>Yersinia enterocolitica</i> , <i>Campylobacter jejuni/coli/lari</i> , <i>Clostridium difficile</i> toxin A/B, Enterotoxigenic <i>E.coli</i> (ETEC), <i>E.coli</i> 0157, Shiga-toxin producing <i>E.coli</i> (STEC or EHEC), <i>Vibrio cholerae</i>	▲ Stool • Ileostomy Fluid • 6x per week <input type="checkbox"/> <i>C. difficile</i> EIA reflex testing for GDH/tox A & B - available if PCR positive. <i>check box if you wish this testing to be performed</i>
<input type="checkbox"/>	Kingella kingae PCR <i>Recommended for children ≤ 6 years old</i>	▲ Joint/Synovial Fluid • Bone Biopsy • Heart valve vegetation • Dictated by demand
<input type="checkbox"/>	Mycoplasma/Chlamydomphila pneumoniae PCR	▲ Throat swab in UTM • Lower respiratory specimens • CSF • 2x per week
<input type="checkbox"/>	Ureaplasma urealyticum PCR	▲ Nasopharyngeal aspirate • Lower respiratory specimens • Dictated by demand