Guide to Laboratory Services

Health PEI

ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

TABLE OF CONTENTS

Hours of Operation

NOTE: Reduced service on weekends and holidays. Only urgent / STAT specimens should be sent to the laboratory.

Queen Elizabeth Hospital

Outpatients/Venipuncture
Monday to Friday 7:00am to 3:15pm
Inpatient Collections
Nursery
7 days a week: 7:00am/12:30pm/6:00pm
Units
Monday to Friday: (6:00/7:00/7:30)am/12:30pm
Saturday: 7:30am
Sunday / Stat Holidays: 7:30am Pediatrics Capillary Collections only
Urgent Requests
24 hour coverage:
Nursery Capillary Collections (call 2324 Chemistry)
Pediatrics/Emergency Capillary Collections (call 2332 Hematology)
Chemistry
24 hours a day / 7 days a week
Hematology
24 hours a day / 7 days a week
Immunology
Monday to Friday 8:00am to 4:00pm
Cytology
Monday to Friday 8:00am to 4:00pm
Microbiology
7 days a week 8:00am to 4:00pm
On call coverage: 4:00pm to 8:00am
Blood Transfusion Services
Monday to Friday 7:30am to 11:30pm
On call coverage: 11:30pm to 7:30am
Weekends / Holidays 8:00am to 11:30pm
On call coverage: 11:30pm to 8:00am
Anatomical Pathology
Monday to Friday 8:00am to 4:00pm
Autopsy Services
Monday to Friday 8:00am to 12:00am (off hours in special circumstances after consultation with pathologist)

Souris Hospital

Outpatients/Venipuncture
Monday to Friday 8:00 to 3:30pm
Inpatient Collections
Monday to Saturday 7:30am
Lab
Monday to Friday 7:00am to 4:00pm
Urgent Requests/On Call
Weekends & Holidays 24 hours

Prince County Hospital

Outpatients/Venipuncture
Monday to Friday 7:30am to 3:30pm
Appointments required.
Inpatient Collections
7 days a week: 7:00am/12:30pm/4:00pm
Urgent Requests
24 hour coverage
Chemistry/Hematology/Blood Transfusion
24 hours a day / 7 days a week
Microbiology
7 days a week 8:00am to 4:00pm
Anatomical Pathology
Monday to Friday 7:00am to 3:00pm

Community Hospital

Outpatients/Venipuncture
Monday to Friday: 8:00am to 3:30pm
On call coverage:
Monday to Friday: 4:00pm to 8:00am
Weekends/Holidays: 24 hour coverage

Western Hospital

Outpatients/Venipuncture
Monday to Friday: 8:00am to 3:30pm
On call coverage:
Monday to Friday: 4:00pm to 8:00am
Weekends/Holidays: 24 hour coverage

Kings County Memorial Hospital

Outpatients/Venipuncture
Monday to Friday 8:00 to 4:00pm
Inpatient Collections
Monday to Friday 7:00am/1:30pm
Weekends/Holidays 7:30am
Lab
Monday to Friday 6:30am to 11:00pm*
(*Evening Shift: as staffing permits)
Weekends/Holidays 7:00am to 3:00pm
Urgent Requests/On Call
Monday to Friday 11:00pm to 6:30am
Weekends/Holidays 3:00pm to 7:00am

Telephone Directory

For information concerning laboratory tests:
Please refer to the Laboratory Information Manual or telephone the respective laboratory.

Queen Elizabeth Hospital

(902)

Laboratory	894-2300
Supplies/Orders	894-2314
Blood Transfusion Fax	894-2415
Central Accessioning Fax	894-2183
Laboratory Office Fax	894-2385
Microbiology Fax	894-2120

Community Hospital

(902)

Main Switchboard	859-8700
Laboratory	ext 150
Laboratory Fax	859-3913

Kings County Memorial Hospital

(902)

Main Switchboard	838-0777
Laboratory Office	838-0757/0873
Laboratory	838-0660
Laboratory Fax	838-0746

Note: If you have access, please consult the Clinical Information System (Cerner) before calling for test results. Faxed reports will only be sent to pre-approved, secure sites.

Prince County Hospital

(902)

Anatomical Pathology	438-4288
Chemistry	438-4285
Hematology / Transfusion	438-4286
Laboratory Office	438-4280
Laboratory Office Fax	438-4281
Microbiology	438-4287
Parcel Room	438-4283

Western Hospital

(902)

Main Switchboard	853-8650
Laboratory	ext 217
Laboratory Fax	853-0245

Stewart Memorial

(902)

Main Switchboard	831-7900

Souris Hospital

(902)

Main Switchboard	687-7150
Laboratory	ext 247
Laboratory Fax	687-7174

Scheduling Appointments

NOTE: Please advise patients of the following:

- All clients **must** register with Admitting / Registration before proceeding to collection area.
- Arrive a few minutes prior to your scheduled appointment time(s).
- Bring your lab requisition and Provincial Healthcare Card.

Queen Elizabeth Hospital

Most laboratory collection requests will be handled through Special Services (Venipuncture) with no appointment necessary.

Appointments need to be booked for the following requests:

Sweat chlorides	894-2324 (Chem)
Paternity Testing	894-2064
Glucose Tolerances	894-2138 (VP)
IGRA Testing	894-2310 (Microbiology)

Prince County Hospital

Appointments have to be booked for **all** laboratory requests.

Contact Lab Office 438-4280 to book appointments.
For Bone Marrows, call Hematology at 438-4286.
For Sweat Chlorides, call Chemistry (QEH) at 894-2324.

Kings County Memorial, Souris, Western, Community

All laboratory procedures are on a walk in basis.

Requests for Faxed Reports

NOTE:
- If you have access, please consult the Clinical Information System (Cerner) before calling for test results.
- Faxed reports will only be sent to pre-approved secure sites during regular business hours. *Exceptions:* Reports for those patients/tests requiring urgent notification will be provided after hours

To handle your call we require the following information:

- Name of calling location (physician office, clinic, nursing unit, hospital)
- Name of caller
- Contact phone number & fax number
- Health Card Number of patient (MRN/PHN)
- First and last names of patient
- Sample collection date if known (or approximate)
- Test name if the inquiry is regarding a specific test

To request results by fax, please call the following numbers:

Queen Elizabeth Hospital:	
Laboratory	894-2300
Prince County Hospital:	
Laboratory Office	438-4280
Community Hospital:	
Laboratory	859-8700 ext 150
Western Hospital:	
Laboratory	853-8650 ext 217
Kings County Hospital:	
Laboratory	838-0757
Souris Hospital:	
Laboratory	687-7150 ext 247
Stewart Memorial:	
Main Switchboard	831-7900

Responsibilities of the Client

1. Positive identification of the Patient.

Step	Action	
1	Reception: Request the patient's health card and validate it against their chart/record. Verify • Spelling of the last name and given names of the patient • MRN (Medical Record Number) • Current health insurance • Date of birth NOTE: IF THERE ARE ANY DISCREPANCIES, GO BY THE CURRENT PROVINCIAL HEALTH CARD. HAVE THE PATIENT CONTACT MEDICARE IF CHANGES ARE NECESSARY.	
2	Call the patient to the phlebotomy room by first and last name.	
3	Ask patient to identify himself / herself by first and last name and date of birth. • The name and date of birth must match the requisition form	
	If	**Then**
	The patient is a child	Ask the parent or adult accompanying the child to identify him or her in the same way.
	There are any discrepancies in first and or last name or date of birth	Have patient return to Reception to make necessary corrections.
4	Proceed with specimen collection.	

2. Correct patient preparation, specimen protocol and specimen container.

3. Correct labeling of specimen and requisition (including date and time).
   IN CASES WHERE THERE IS INCOMPLETE PATIENT IDENTIFICATION ON THE SPECIMEN LABEL AND/OR REQUISITION (EXAMPLE: WHEN A NAME IS TOO LONG FOR THE LABEL) THE MISSING INFORMATION MUST BE HAND WRITTEN.

4. Must sign requisition **and** specimen following collection of BTS specimens.

The quality of the laboratory test result is dependent on the quality of the specimen submitted for analysis.
It is important that:
- Patient is properly prepared
- Proper type of specimen is collected
- Specimen is sufficient in amount and satisfactory in quality
- Specimen is properly labeled
- Specimen is transported properly and received by lab in a timely manner

Completing a Requisition

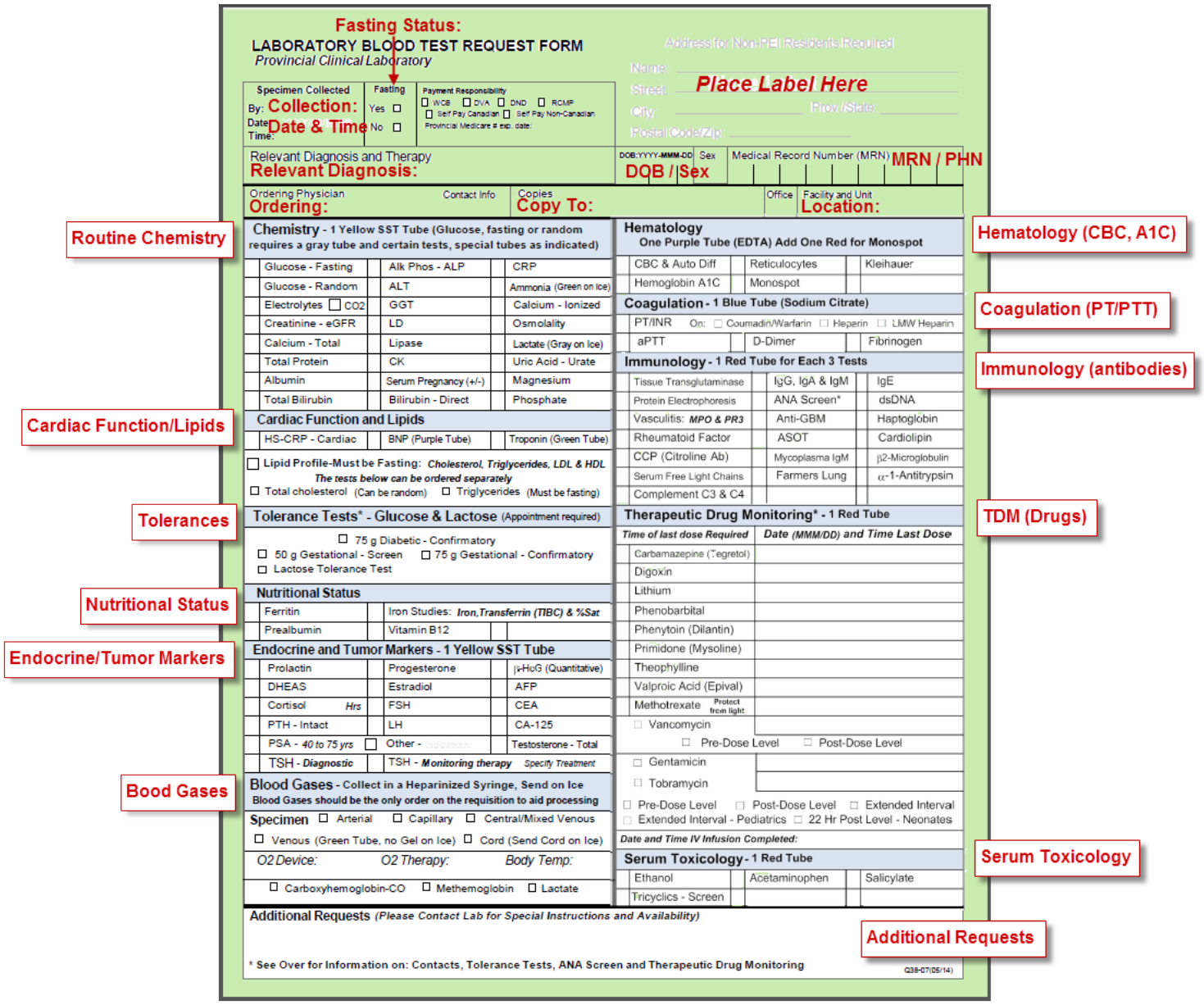
Each requisition should contain the following information:

1. Last name and given names of patient as it appears on their current Provincial Health Card (PHC).
2. Correct Medical Record Number (MRN) / Provincial Health Number (PHN)
   - In certain cases the MRN may be replaced by another unique numerical identifier (Example: RCMP number, military number, provincial health number – province **must** be identified and expiry date must be included)
   - Date of birth is not acceptable as an identification number
3. Sex and date of birth of patient.
4. Date and time of collection.
5. Sample type and source (where applicable). Example: Urine midstream for C&S.
6. Requisitions for specimens requiring priority handling **must** be clearly marked as **STAT** or **ASAP**.
7. Analyses requested.
8. Diagnostic or relevant clinical information pertinent for the interpretation of the results.
9. Location to which results are to be forwarded:
   - Department, Unit, Office, Nursing Home, etc.
   - Complete name(s) of providers (ordering physician, consulting physicians, NP, etc)
   - Updated fax/phone numbers if required for reporting
10. **Blood Transfusion Services (BTS) requisitions and samples:**
    - Signature (first initial and complete last name) of Phlebotomist, date and time of phlebotomy.
    - Complete the required questions: See C40
    - Cord Blood samples/requisitions must be labeled with baby's CIS registration label and be identified as "Cord Blood".
      QEH -the Mother's registration labels **must** also be affixed to the sample/requisition
11. Additional information as required:
    - Date and time of last dose. Example: therapeutic drugs
    - Additional requisitions. Example: consent forms, maternal screens, HLA
    - Timed studies. Example: Tolerances, ACTH Stimulation Studies, etc.
    - Signature of phlebotomist.

NOTES

1. The requisition and specimen **must** be the appropriate one and **must** be complete and **legible**.
2. The requisition and specimen must be received together to avoid errors in patient identification.
3. In the case of incomplete requisitions, the lab may choose not to analyze the sample. If possible, the client will be contacted to fax a complete requisition.
4. Additional test(s) may only be ordered by authorized personnel.

Example: Laboratory Blood Test Request Form



NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Therapeutic Drugs:** Time & Date of Last Dose are required
- **Tolerances:** Label multiple grey tubes with collection times e.g. AC, 1 hr, 2 hr
- **See 'Reverse' for information on:** Contacts, Tolerance Testing, ANA/Vasculitis Panels, Therapeutic Drug Monitoring and Sampling Times
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Health PEI

Guide to Laboratory Services

Example: Urine, Body Fluids & CSF Test Request Form

URINE, BODY FLUIDS & CSF TEST REQUEST FORM
Provincial Clinical Laboratory

Address for Non-PEI Residents Required
Name:
Street: **Place Label Here**
City: Prov./State:
Postal Code/Zip:

Specimen Collected
Date: **Collection:**
Time: **Date & Time**

Payment Responsibility
☐ WCB ☐ DVA ☐ DND ☐ RCMP
☐ Self Pay Canadian ☐ Self Pay Non-Canadian
Provincial Medicare # exp. date:

Relevant Diagnosis and Therapy
Relevant Diagnosis:

DOB:YYYY-MMM-DD Sex **DOB / Sex**
Medical Record Number (MRN) **MRN/PHN**

Ordering Physician Contact Info
Ordering:

Copies
Copy To:

Office Facility and Unit
Location:

Urinalysis / Microscopic Pregnacy Test

Routine Urinalysis
☐ Routine Urinalysis ☐ Pregnancy Test Urine
☐ Microscopic - *Must be received within 4 hrs and specify reason*

Toxicology

Toxicology - Urine Drug Screen

Cannabinoids	Benzodiazepines	Oxycodone
Cocaine	Barbiturates	Methadone (EDDP)
Opiates	Amphetamines	Ethanol

Random Quantitative

Random Urine (Quantitative or Qualitative) Analysis
Collect first morning urine in sterile specimen container and deliver promptly to the lab or refrigerate until submitted

Protein	Sodium	Osmolality
Microalbumin/Albumin	Potassium	5HIAA - Screen
Creatinine	Chloride	
Calcium	Urea	
Porphyrin Screen (Wrap in Foil)	Porphobilinogen Screen (Wrap in Foil)	

24 Hr Quantitative

24 Hr Urine Quantitative Analysis
Some tests require special preservatives (1) or handling (2)
Please see over for details and how to obtain containers.

Total Volume: *mL*

Protein	Sodium	Phosphate
Creatinine	Potassium	Urea
Calcium	Chloride	Magnesium
Citrate (1)	Cortisol	Osmolality
Oxalate (1)	Urate	

5HIAA Quantitative (1&2) ☐ Catecholamine (1&2) ☐ Metanephrine (1&2)
Porphyrin Quantitative (1&2) Porphobilinogen Quantitative (1&2)

☐ **Creatinine Clearance** - Serum Creatinine (Yellow/SST Tube) must be submitted within 24 hours of urine collection.
Height and weight are required for pediatric patients only
Height: *cm.* *Weight:* *kg.*

Stools: 72 hr, FIT, Stain

Stool
Fecal Fat *72 Hr collections only & special handling please see over*
Fecal Occult Blood (FIT) Stainable Fat

Metabolic Investigations Please see over for details on tests and required samples. Please write in test request and required info below

Miscellaneous

Miscellaneous (Calculi and Sweat Chloride)
Stone Analysis - Calculi (Specify Source)
Sweat Chloride (Performed at QEH, appointment required call 894-2300)

Seminal Fluid

Semen Analysis (Use Sterile Container, Submit Within 2 Hrs, M-F)
Complete Examination Post Vasectomy

Synovial Fluid

Synovial Fluid - Collect in Lavender Tube
(For Culture use Sterile C&S Container and Microbiology Requisition)
Site:
WBC Count and Differential Crystals

Body Fluids

Body Fluids *(For culture use sterile container & Microbiology Req.)*
Site: ☐ Pleural ☐ Peritoneal ☐ Peritoneal Dialysis Fluid
☐ WBC Count and Differential (Lavender tube only)
☐ Glucose (Red tube) ☐ Protein (Red tube) ☐ LDH (Red tube)
☐ Other:

CSF

CSF - *For a Limited Sample Indicate the Priority of Your Requests*
At QEH between 0730-1600 call the Hematology lab (2332) with your request, after hours and on holidays page each lab through the switchboard using CODE CSF. At PCH call the lab (4285) with request.
Clinical Summary:
Antibiotics Given:

Microbiology
Culture and Gram Stain
Enterovirus PCR Herpes PCR
Other:

Hematology
☐ CSF Cell Count Panel (RBC - First and Subsequent Tube along with WBC and Differential - Subsequent Tube)

Chemistry
Glucose Protein
Other:

Immunology
☐ Oligoclonal Banding (History Required) Requires 3 ml of CSF and One Red Tube of Blood. *History*

Cytology
Malignant Cell Examination - Please Use Cytology Requisition

Other:

Additional Requests

Additional Requests *(Please Contact Lab for Special Instructions and Availability)*

See Over for Information on: Contacts, Urine or Fecal Collection & Sample Handling and Metabolic Investigations

Q38-09(05/14)

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Microscopics:** Must be received within 4 hrs and specify reason
- **24 Hr Urine Quantitative Requests:** (1) Special Preservative Required (2) Special Handling Required
- **See 'Reverse' for information on:** Contacts, Collection & Handling Instructions
- **Refer to 'Patient Instruction Sheets' for proper collection technique**
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Example: Blood Transfusion Service Requisition

BLOOD TRANSFUSION SERVICE REQUISITION
Provincial Clinical Laboratory

Queen Elizabeth Hospital
Charlottetown, PEI
Phone (902) 894-2300
Fax (902) 894-2415

Prince County Hospital
Summerside, PEI
Phone (902) 438-4280
Fax (902) 438-4281

Address for Non-PEI Residents Required
Name:
Street: **Place Label Here**
City: Prov./State:
Postal Code/Zip:

Insurance ▼

Payment Responsibility: ☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian Provincial Medicare # exp date:

Facility and Unit | DOB:YYYY-MMM-DD **DOB /** | Sex **Sex** | Medical Record Number (MRN) **MRN / PHN**

Date Required: *Time Required:* Ordering Physician: **Ordering**

Is Patient IgA Deficient ☐Yes | Previous Transfusion Reaction: | Known Antibodies:

Collection Protocol:
Canadian Standards Association requires phlebotomist's signature (first initial, complete last name), date and time on BOTH patient sample label and requisition. Specimen labels and requisitions failing to meet this protocol will not be accepted for testing. The preferred specimen type for transfusion tests is a 6 ml K2 EDTA tube (Mauve Top)

I certify that I have verified that the name and identification number on this requisition and the blood specimen label are the same as those of the patient's.

Signature *(First Initial + Complete Last Name)*
Sample Drawn By: Signature (First Initial - Complete Last Name)

Collection: Date & Time
Date: Time:

Group & Screen Preadmission
☐ Group and Screen
☐ Preadmission

Crossmatch
☐ Crossmatch
Units
☐ Special RBC Requirements

Indications (Required)
☐ Symptomatic anemia
☐ Hgb 70-80 g/L
☐ Hgb <70 g/L
☐ Major Bleeding
☐ Surgical Procedure with likelihood of significant bleeding
☐ Other:

Required Questions
These are Required Questions
For Group and Screen, Preadmission or Crossmatch
Has the patient been pregnant in the last 3 months or pregnant now
☐ NO ☐ YES
If yes what is the EDC:
Has the patient been transfused in the last 3 months
☐ NO ☐ YES
If yes when and where:

Prenatal
☐ Prenatal Date of last RhIg Injection: EDC:

Cord Blood
☐ Cord Blood Mothers Full Name: Mothers MRN:

☐ DAT ☐ Rh Immune Globulin ☐ 300 ug ☐ ug ☐ octaplex/Beriplex (Please see over)

Blood Components
☐ Platelets (Note: 4 units = 1 pool = 1 dose = 1 bag)
Pools:
☐ Special Platelet Requirements

Indications (Required)
☐ Platelets <10 x10^9/L
☐ Platelets 20-50 x10^9/L (Adult non-invasive procedure)
☐ Platelets <50 x10^9/L (Adult procedure with blood loss)
☐ Platelets <100 x10^9/L (Adult head trauma or Neurosurgery)
☐ Platelet dysfunction or marked bleeding
☐ Other:

☐ Plasma (Note: Ordered in mLs and 250 mLs is ~ 1 bag)
mLs:

Indications (Required)
☐ Bleeding or Pre-op patient and PTT or INR is >1.5x normal
☐ Massive bleed and PTT and INR not available
☐ TTP
☐ Other:

☐ Cryoprecipitate
units:

Indications (Required)
☐ Bleeding with Fibrinogen <1.0 g/L
☐ Von Willebrands or Hemophilia A
☐ Other:

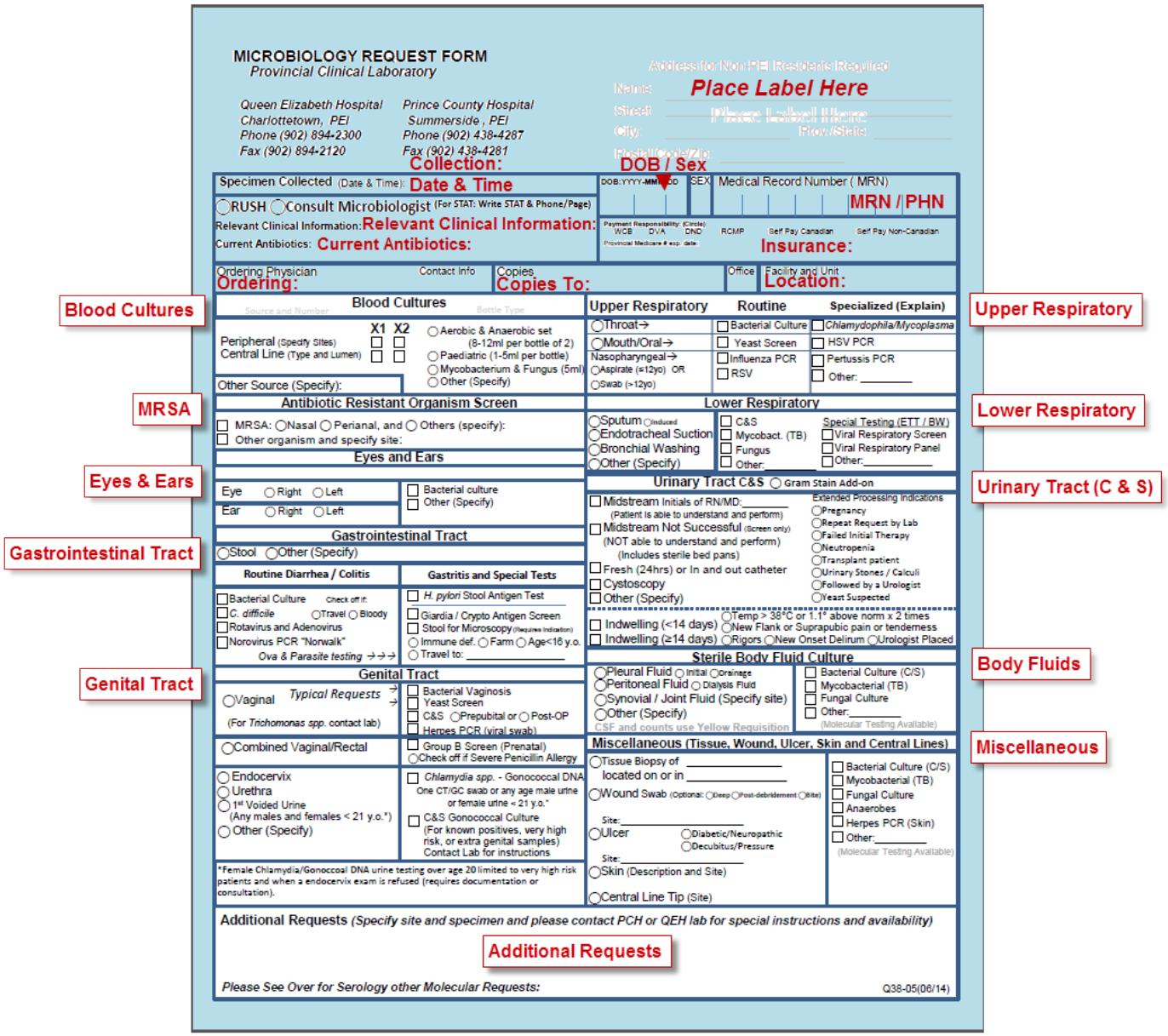
☐ Additional Requests Includes Factor Products

Q38-48(05/14)

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Collection Protocol:** Canadian Standards Association requires **both** Phlebotomist's signature (first initial, complete last name) **and** Collection Date & Time on **both** patient sample label and requisition.
- **Indications (Required):** Please check applicable ☐ as required.
- **Required Questions (2):** Please answer for Group & Screen, Preadmission or Crossmatch Requests
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Example: Microbiology Request Form (Side # 1)



NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- Check **'O'** for **Specimen Type**
- Each specimen/site **MUST** have test(s) indicated
- **Current Antibiotics:** include in designated area
- **Please See Over for Serology & other Molecular Requests**
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Example: Microbiology Request Form (Side # 2 - Serology)

MICROBIOLOGY REQUEST FORM
Provincial Clinical Laboratory

Queen Elizabeth Hospital
Charlottetown, PEI
Phone (902) 894-2300
Fax (902) 894-2120

Prince County Hospital
Summerside, PEI
Phone (902) 438-4287
Fax (902) 438-4281

Address for Non PEI Residents Required
Name:
Street: **Place Label Here**
City: Prov./State:
Postal Code/Zip:

Collection: Date & Time

Specimen Collected By: Date and Time:
◯ RUSH ◯ Consult Microbiologist (For STAT: Write STAT & Phone/Page)
Reason for Rush/STAT or Consult:

DOB: YYYY-MMM-DD **DOB / Sex** Sex Medical Record Number (MRN) **MRN / PHN**
Payment Responsibility: WCB DVA DND RCMP Self Pay Canadian Self Pay Non-Canadian
Provincial Medicare # exp. date: **Insurance:**

Ordering Physician **Ordering:** Contact Info
Copies **Copies To:**
Office
Facility and Unit **Location:** Other (Specify)

Relevant Clinical Information: ◯ Pregnancy/ ◯ Current Fever, Initial Date:/ ◯ Current Rash, Initial Date:/ ◯ Infectious Contact:
Relevant Clinical Information:

INFECTIOUS DISEASE SEROLOGY, and related Molecular testing
Referred out tests = ® = delayed results and extra tube collection necessary (Max: 3-4 Red top tubes)

Viral Hepatitis Tests

Routine Previous Exposure, Vaccination or Acute Baseline
- ☐ Hepatitis A IgG (HEPA-G)
- ☐ Hepatitis B surface Antibody (HbsAb)
- ☐ Hepatitis C Antibody (HCV)*

Acute Hepatitis or Tracking of Known Disease
- ☐ Hepatitis A IgM (HEPA-M) (Travel associated)
- ☐ Hepatitis B surface Antigen (HbsAg)*
- ☐ Hepatitis C Antibody (HCV)*

Specialized Viral Hepatitis Testing (Referred Out®)
Requires detailed history, consultation by Microbiologist or other specialist
Hepatitis B anti-Core (HEPBc-IgM+IgG)® (Infected vs immunized)
Hepatitis B anti-Core (HEPBc-IgM)® (Very acute infection)
HepB-"e"Antigen or HepB-"e"Antigen Antibody
HepD (Requires HepB infection), HepE (Travel associated like HepA),
*HepB and HepC PCR Available (Special Indications and processing)

Serology Panels
- ☐ Needlestick Exposed = HbsAg, HbsAb, HCV and HIV
- ☐ Needlestick Follow up (≥3Mon.)= HbsAg, HbsAb, HCV and HIV
- ☐ Needlestick Source = HbsAg, HCV and HIV (Page if Friday/Sat/Holiday)
- ☐ Prenatal Serology = HbsAg, HIV, Rubella IgG and Syphilis

Suspect Measles (Notify Public Health STAT) see Measles PCR
- ☐ Measles IgM, IgG, Rubella IgM, IgG, Parvovirus IgM, and IgG

Viral Exanthema (Other than above Measles Panel)
- ☐ Measles IgG (Immune Status / Protection Only)
- ☐ Rubella IgG (Immune Status / Protection Only)
- ☐ Parvovirus IgG ☐ Parvovirus IgM (Recent/Acute Infection)
- ☐ Varicella Zoster IgG (Immune Status) (Pregnant & New Exposure = STAT)

Systemic Infection Serology

CMV Serology* ☐ IgG ☐ IgM (IgG Avidity testing available for Preg.)
EBV Serology* ☐ Acute Mononucleosis ☐ Transplant Screen
*CMV or EBV PCR® Available (Requires Microbiologist or Specialist Approval)

- ☐ Syphilis Screen Yellow Requisition for CSF Syphilis Analysis
- ☐ HIV Ag/Ab Screen (HIV) Viral Load® and HIV PCR Available®
- ☐ Toxoplasmosis IgG® (Immune Status) Special Toxo.Testing Available®
- ☐ Toxoplasmosis IgM® (Recent/Acute Infection)
- ☐ Mumps IgG® (IgM not available; see Mumps PCR)
- ☐ Q-fever-*Coxiella spp.*® (Related Zoonotic Serology available)
- ☐ Galactomannan-Invasive Aspergillosis® (Bronch. Wash available)
- ☐ Legionella Urine Antigen Testing (Travel or Severe Disease Only)
- ☐ Cat Scratch Disease-Bartonellosis® Tissue PCR available

Mumps, Measles, and Parvovirus Molecular Testing
- ☐ Measles PCR® ◯ Nasopharyngeal swab ◯ viral throat swab ◯ Urine
- ☐ Mumps PCR® ◯ Deep oral swab ◯ Urine (If orchitis present)
- ☐ Parvovirus PCR® ◯ EDTA-Blood (Requires Microbiologist Consultation)

Bacterial Immunology (Requires Pediatrician or Microbiologist Approval)
- ☐ Tetanus Toxoid® ☐ *Streptococcus pneumoniae* serology®
- ☐ Diphtheria Toxoid® ☐ Other: _____

Travel and Tropical Serology and Related Testing
(Requires Detailed Exposure & Clinical History Below)
- ☐ Arbovirus®: ◯ West Nile Virus ◯ Dengue ◯ Others _____
- ☐ HTLV I & II®
- ☐ Strongyloidiasis serology® Stool plate culture available
- ☐ Other National Reference Centre for Parasitology Serology® List here: _____
- ☐ Helminth "Parasitic Worm" Identification (Identify Site Found)
- ☐ Tuberculosis IGRA (Contact Lab for appointment) see: tstin3d.com
- ☐ Lyme Disease® ◯ Off Island Travel (Explain) ◯ No Off Island Travel (Contact CPHO if starting treatment for Lyme Disease)
- ☐ Tick or other Arthropod Identification (Removed from Patient's Skin)

Clinical Information: ◯ Current Fever ◯ Current Rash ≥ 5 cm
◯ Other: _____

Exposure Information:
◯ Immigration, Where: When:
◯ Relevant Travel, Where: When:
◯ Tick Bite, When: Duration: ◯ Unknown ◯ < 24 hrs ◯ ≥24 hrs

Special Requests (Please Highlight and call QEH Laboratory for availability):

Please See Over for Culture Requests

Q38-05(06/14)

Viral Hepatitis Tests | **Serology Panels** | **Viral Exanthema** | **Systemic Infection Serology** | **Mumps, Measles & Parovirus Molecular Testing** | **Travel & Tropical Serology (Related Testing)** | **Bacterial Immunology** | **Special Requests**

NOTES:
- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Infectious Disease Serology** (& related Molecular Testing)
- **® = Referred Out Tests:** Delayed results and extra tube collection necessary (Max: 3-4 red top tubes)
- Please complete **'Relevant Clinical Information'**
- **Please See Over for Culture Requests**
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Example: Surgical Pathology & Bone Marrow Requisition

SURGICAL PATHOLOGY & BONE MARROW FORM
Provincial Clinical Laboratory

Queen Elizabeth Hospital, Charlottetown, PEI
Specimen Collection: (902) 894-2300
Report Inquiry: (902) 894-2300
Fax: (902) 894-2385

Prince County Hospital, Summerside, PEI
(902) 438-4288
(902) 438-4624
(902) 438-4281

Address for Non-PEI Residents Required
Name:
Street: Place Label Here
City: Prov./State:
Postal Code/Zip:

Payment Responsibility: ☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian
Provincial Medicare # exp. date: Insurance:
DOB:YYYY-MMM-DD DOB / Sex: | Sex | Medical Record Number (MRN) MRN / PHN

Physician Ordering: | Contact Info | Copies Copy To: | Office | Facility and Unit Location:

Date of Procedure Date of Procedure: | Date Received YYYY-MMM-DD | Fixative ☐ Formalin ☐ Alcohol ☐ Fresh ☐ Saline

Procedure Surgical Procedure:
Note: For Bone Marrow Cytogenetics or Flow Cytometry Proper Specimen Handling and Completion of Appropriate Requisitions is Required

Cold Ischemic Time (Breast Specimens and Renal Biopsies)
Time removed from patient:
Time received in lab and sliced:

List Tissues Submitted With Exact Anatomical Site	Clinical Findings
A	Clinical Findings ▼▼
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	

Exact Anatomical Sites:

Physician's Signature (Required)
Physician's Signature ▶▶

Q38-03(05/14)

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Exact Anatomical Sites:** List Tissues submitted
- **Clinical Findings:** Provide Background / History
- **Physician Signature:** Required
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Example: Cytology Request Form

CYTOLOGY REQUEST FORM
Provincial Clinical Laboratory
Queen Elizabeth Hospital, Charlottetown, PEI
Phone: (902) 894-2300 Fax: (902) 894-2385

Address for Non-PEI Residents Required
Name:
Street: **Place Label Here**
City: Prov./State:
Postal Code/Zip:

Payment Responsibility ☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian
Provincial Medicare # exp. date: **Insurance**
DOB:YYYY-MMM-DD **DOB /** Sex **Sex** Medical Record Number (MRN) **MRN / PHN**
Ordering Physician **Ordering:** Contact Info Copies **Copies To:** Office Facility and Unit **Location:**
For Cytology Use Only Slides Received: Cell Block:
Date Specimen Obtained **Collection: Date** Clinical Findings **Clinical Findings:**

Gynecological Specimen

Gynecological Specimen
Site: ☐ Cervix ☐ Vulva ☐ Vaginal vault
Technique: ☐ Spatula ☐ Endocervical Brush (Cytobrush) ☐ Papette
Colposcopy Specimen: ☐ Yes ☐ No
Date of Last Menstrual Period (LMP): YYYY/MMM/DD
Menopausal: ☐ Yes ☐ No
Hysterectomy: ☐ Total ☐ Subtotal
Pregnant: ☐ Yes ☐ No ☐ Postpartum ☐ Yes ☐ No
Therapy: ☐ BCP ☐ IUD ☐ Hormone ☐ Radiation ☐ Chemotherapy
Previous HPV DNA Testing: ☐ Positive ☐ Negative
HPV Vaccine: ☐ Yes ☐ No If Yes Age at Time of Vaccination:
Abnormal Bleeding: ☐ Yes ☐ No Discharge: ☐ Yes ☐ No
Suspicious Lesion: ☐ Yes ☐ No Description:
Previous Abnormality: ☐ Yes ☐ No Specify: Date: YYYY/MMM/DD

Non-Gynecological Specimen

Non-Gynecological Specimen
☐ Sputum
Urine: ☐ Voided ☐ Catheter ☐ Bladder Washing ☐ Cystoscopy ☐ Other (Specify)
Bronchial (Specify Site): ☐ Washing ☐ Brushing ☐ Bronchoalveolar Lavage
Test: ☐ Cytology ☐ Cell Count ☐ Pneumocystis
☐ Pleural Fluid ☐ Peritoneal Fluid ☐ Pericardial fluid
☐ Pelvic Washing ☐ Other GYN Staging Site (Specify):
☐ Fine Needle Aspirate (FNA) - Specify Site:
☐ Other (Specify):
Physician Signature (Required)
Q38-02(05/14)

Sputum **Urine** **Bronchial** **Fluids** **Fine Needle Aspirate** **Other**

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- Please include **Patient Identifiers** on **Both** requisition & specimen(s)
- **Clinical Findings:** Please include any 'Relevant Clinical History'
- Refer to **'Gynecological & Non-Gynecological Collection Procedures'** for proper collection technique
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Example: Serum Allergy Testing Requisition

SERUM ALLERGY TEST REQUEST
Allergen Specific IgE
Provincial Clinical Laboratory
Queen Elizabeth Hospital
Phone (902) 894-2300
Fax (902) 894-2183

Address for Non-PEI Residents Required
Name:
Street: Place Label Here
City: Prov./State:
Postal Code/Zip:

Payment Responsibility ☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian
Provincial Medicare # exp. date: Insurance:
DOB:YYYY-MMM-DD DOB / Sex: Sex
Medical Record Number (MRN) MRN / PHN

Ordering Physician Ordering: Contact Info
Copies Copy To:
Office
Facility and Unit Location:

Date Collected: Collection Date Time Collected: & Time
Possible Triggers

You must select individual Allergens, there are no panels and please limit requests to 6 to 8 Allergens per requisition.
Additional write in requests ("Other Allergens" below) will be honored if locally available.
Requirements One Red Topped Tube

Nuts & Legumes

NUTS and LEGUMES
- ☐ Almond (f20)
- ☐ Brazil Nut (f18)
- ☐ Hazel Nut (f17)
- ☐ Peanut (f13)
- ☐ Soybean (f14)
- ☐ Walnut (f256)

Seasonal: Grass, Weed, Tree Pollens

SEASONAL: GRASS, WEED and TREE POLLENS
- ☐ Rye Grass (g5)
- ☐ Timothy Grass (g6)
- ☐ Common Ragweed (w1)
- ☐ Goldenrod (w12)
- ☐ Mugwort (w6)
- ☐ Birch Tree (t3)

Seafood

SEAFOOD
- ☐ Crab (f23)
- ☐ Lobster (f80)
- ☐ Shrimp (f24)

Milk & Egg

MILK and EGG
- ☐ Egg (f245)
- ☐ Milk (f2)

Household

HOUSEHOLD
- ☐ Cat Dander (e1)
- ☐ Dog Dander (e5)
- ☐ Dust Mite (d2)
- ☐ House Dust (h1)
- ☐ Aspergillus Fumigatus (m3)

Insects & Venom

INSECTS and VENOMS
- ☐ Common Wasp Venom (i3)
- ☐ Honey Bee Venom (i1)

Miscellaneous

MISCELLANEOUS
- ☐ Latex (k82)
- ☐ Penicillin G (c1)

OTHER ALLERGENS

Other Allergens

Q38-16(05/14)

NOTES:

- **Patient Identifiers (2):** Last Name and Given Name(s) according to PHC + MRN/PHN
- **Individual Allergens:** Select individual allergens (no panels). **Limit requests to 6 – 8 allergens per requisition.
- **One Red Topped Tube (Full):** for 6 – 8 requests
- **Other Allergens:** Write in additional requests – to be honored if locally available.
- Refer to http://www.healthpei.ca/laboratoryservices for the current versions of requisitions

Phlebotomy Procedure:

NOTE:

- Hands must be washed between patients.
- Gloves should be worn during phlebotomy procedure.
- It is not advisable to attempt a venipuncture more than twice. Another individual should attempt to draw the specimen.
- Phlebotomist must **NOT** perform blood collection against the patient or guardian's consent. Instead, report the patient's objections to the physician or nursing station.
- No food or liquid, chewing gum or other objects should be in the patient's mouth at the time the specimen is drawn.

1. **Approach and identify the patient:**
   - Introduce yourself to the patient and indicate what you are about to do.
   - Confirm the identity of the patient:
     - have them state their first and last name and date of birth
     - compare it to the request form
     - Outpatients: request patient's health card and verify the MRN
       Inpatients/Ambulatory Outpatients: compare information on request form with patient's identification bracelet

   DISCREPANCIES MUST BE RESOLVED BEFORE PROCEEDING.

2. **Testing Restrictions:**
   - verify the patient's preparation (example: dietary restrictions, fasting, date and time of last dose of medications, etc)
   - ask the patient about latex sensitivity. Alternate supplies may be required.
   - ask the patient about previous venipuncture experiences (example: fainting - patient may be asked to lie down or recline during procedure)
   - verify the use of a tourniquet (test dependant)
   - note any special handling requirements (example: on ice, protect from light)

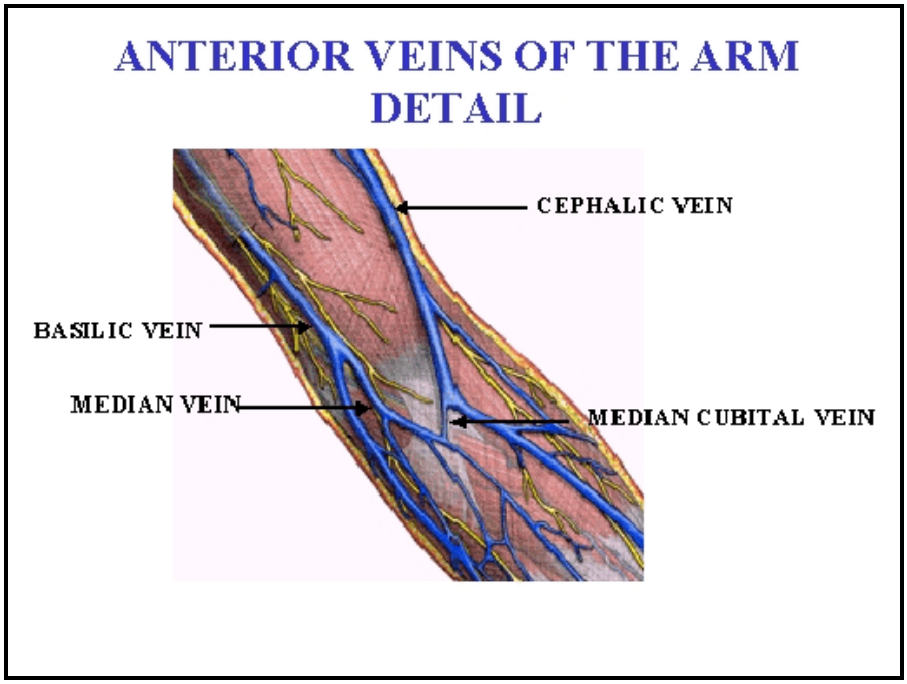
3. **Assemble Supplies:**
   - needles and holders*
   - disposable tourniquets
   - blood collection tubes
   - alcohol swabs**
   - gauze squares
   - bandages
   - gloves
   - sharps disposal container

   **If not preassembled, thread the appropriate needle into the holder until it is secure.*
   *** 70% Isopropanol or 0.5% Chlorhexidine*

4. **Position the patient:**
   - draw all specimens with the patient seated in a comfortable chair or lying down
   - identify the arm to be used by asking the patient for their preference
   - the arm should be supported firmly by the armrest and should not be significantly bent at the elbow

5. **Apply tourniquet:**
   - Tourniquet should be applied 3 - 4 inches (7.5 - 10.0 cm) above the venipuncture site.
   - Tourniquet application should not be exceed one minute. If it has been in place for longer than one minute, it should be released and reapplied after two minutes.
   - If a patient has a skin lesion at the intended tourniquet location, consider an alternate draw site, or apply the tourniquet over the patient's gown.
   - If a blood pressure cuff is used as a tourniquet, inflate it to no more than 40 mm Hg.
   - Do NOT use a tourniquet for 'Ionized Calcium' collection.

6. **Site selection:**
   - Have patient form a fist. There must not be vigorous hand exercise, as it can cause changes in the concentration of certain analytes.
   - The preferred venipuncture site is the antecubital fossa, which is the area of either arm that is anterior and below the bend of the elbow
   - Palpate this site with index finger to identify appropriate veins



PREFERRED:
- Median cubital vein
- Cephalic vein
- Median vein

ALTERNATE:
- Basilic
- Veins on the back of the hand

AVOID:

- Arm on side of mastectomy
- Edematous areas
- Hematomas
- Arm in which blood is being transfused
- Scarred areas
- Arms with fistulas or vascular grafts
- Arms with IV therapy *(if there is no alternative, IV must be turned off for at least 2 minutes and specimens must be identified as "drawn distal/proximal to IV site")*

DO NOT USE:

- Ankles or lower extremities (without permission of physician/nurse)
- Underside of the wrist
- Arteries

7. **Cleanse site:**
   - using an alcohol swab, cleanse the site with a circular motion from the center to the periphery
   - allow the area to air dry

8. **Perform venipuncture:**
   a) Draw the skin taut to anchor the vein.
   b) Inform patient that puncture is about to occur.
   c) With bevel up, insert needle at an angle of 30° or less.
   d) Keeping the needle as stable as possible, push the first tube onto the needle (blood should begin to flow into the tube)
   e) Advise patient to open hand.

PROPER TECHNIQUE: Apply the tourniquet immediately before venipuncture, then release the tourniquet as soon as blood flow is established.

   f) Allow tube to fill until vacuum is exhausted to ensure sufficient volume of specimen for testing and that the correct ratio of additive to blood.
   g) When the blood ceases to flow, remove the tube from the needle holder.
   h) To obtain additional specimens, insert the next tube (see "order of draw") into the holder and push onto the needle.
   i) Mix the tubes the required number of times.

9. **Order of draw / mix tubes:**

The following order of draw is recommended to avoid possible test result error due to additive carryover:

#	Stopper	Collection Tube	Mix by Inverting
1		Blood Culture Bottles (where applicable)	8 - 10 times
2		Coagulation Tube *	3 - 4 times
3		Serum Tube with or without gel	5 times
4		Heparin Tube	8 - 10 times
5		EDTA Tube	8 - 10 times
6		Glucose Tube	8 - 10 times

*Butterfly collections: A discard tube needs to be used to prime the tubing prior to the collection of a coagulation tube.

10. **Post Collection:**

- place a clean gauze pad lightly over the venipuncture site
- remove the needle in one smooth motion and apply pressure on the gauze pad over the puncture site
- activate the needle safety device and safely dispose of the needle and holder into a 'Sharps' container.

NOTE: Needles are **NEVER** recapped, removed, broken or bent after phlebotomy procedure.

11. **Labeling:**

- have the patient continue to apply pressure on the gauze over the puncture site while you label the specimen tubes with:
  - PATIENT'S GIVEN NAME AND SURNAME
  - PATIENT'S MRN
  - Specimens and Requisitions for Transfusion Services require the date, time of collection and the first initial and surname of the collector.
- record date and time of collection on requisition

12. **Patient care:**
    - check the puncture site to ensure that bleeding has stopped
    - place a bandage over the site if appropriate
    - ensure that the patient is feeling okay before leaving

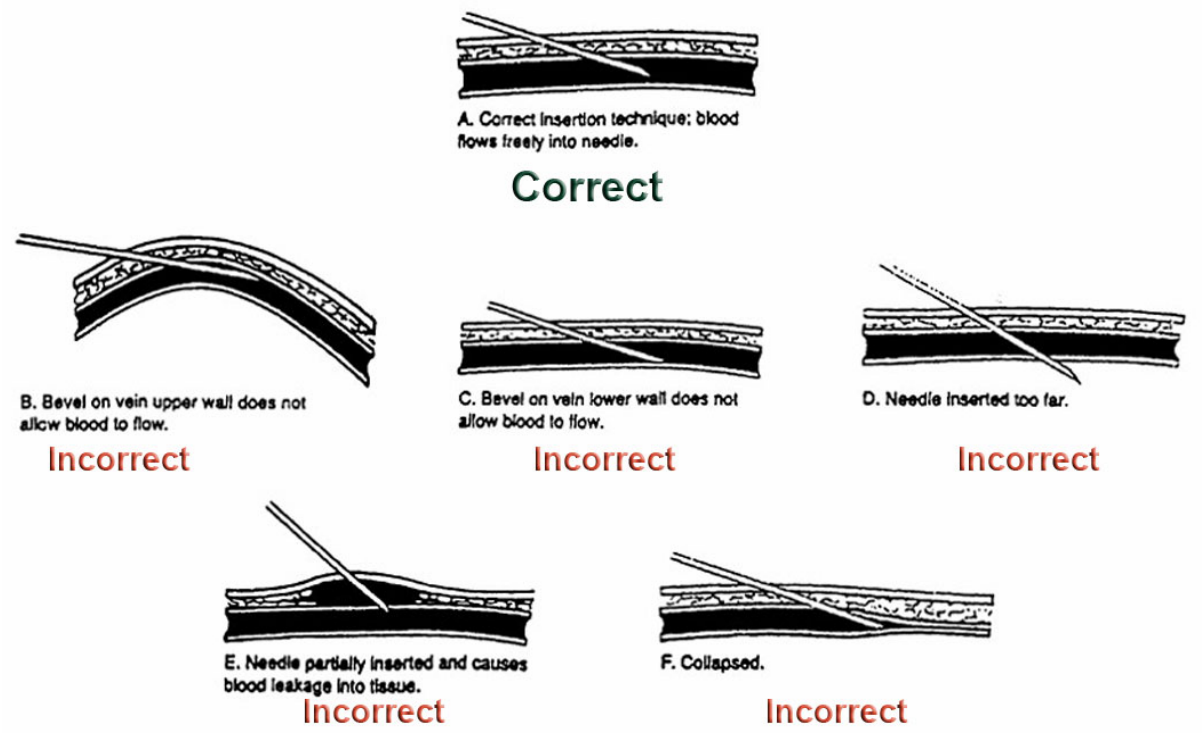
13. **Remove gloves and wash hands.**

Blood Specimen That Cannot Be Obtained:

When a blood specimen cannot be obtained, it may be necessary to:

A. Change the position of the needle:
   a) Pull the needle back a bit if it has penetrated too far into the vein.
   b) Advance the needle farther into the vein if it has not penetrated far enough.
   c) Rotate the needle half a turn if the bevel lies against the wall of the vein.

Correct and Incorrect Needle Positioning



B. Try another tube to ensure the tube selected is not defective (e.g. loss of vacuum).

C. Unless the exact location of the vein is determined, manipulation other than that recommended above may be considered "Probing".

NOTE: Probing is **not** recommended as it can be painful and may produce arterial perforations, resulting in a hematoma and nerve compression or direct nerve injury.

D. It is **NOT** advisable to attempt a venipuncture more than twice. If possible, have another person attempt to draw the specimen, or notify the physician.

Health PEI
Guide to Laboratory Services

Which tube to choose???

With so many options, it is so hard to choose!

But choose the wrong one and there is so much to lose!

- Delays test results which may impact patient safety
- Negatively impacts patient satisfaction by requiring additional venipunctures
- Increases workload and costs for all healthcare staff
- Some samples cannot be replaced (blood cultures after antibiotics; serology after IVIG given)

Here are 2 great ways to know which tube you should use:

1) Check the: **Laboratory Quick Reference Guide to Test Orders**
   - http://www.healthpei.ca/laboratoryservices
     (Provincial Laboratory Services Website)

This document provides an alphabetical listing of laboratory tests; in addition, limited information is also provided which relates to:

- The Cerner Orderable Name
- Specimen Type
- Collection Container Requirements
- Transport and Storage Conditions
- Special Notes and Additional Information

TEST	CERNER ORDERABLE	SPECIMEN TYPE	Container	TRANSPORTATION & STORAGE	ADDITIONAL INFORMATION
Erythropoietin Erythropoietin	Erythropoietin Level	Serum	SST Yellow Top	Store and ship frozen	Department: Chemistry Referred Out Testing Notes: Centrifuge and aliquot to a transport tube.

2) Refer to the **Laboratory Information Manual (LIM)** if additional detailed information is required. http://www.healthpei.ca/laboratoryservices (Provincial Laboratory Services Website)

Specimen Labeling

Please ensure that each specimen is identified correctly and legibly and matches the accompanying requisition. Each specimen must be labeled with the following information:

1. Last name and given name of the patient.
2. Correct MRN / PHN.
3. Type and source where applicable (Example: body fluids, blood cultures)
4. Additional information as required:
   - Phlebotomist signature (first initial and complete last name) and phlebotomy date and time for BTS samples
   - Date and time of collection
   - Timed studies. Example: Tolerances, ACTH Stimulation studies, etc.

Labeling of tubes

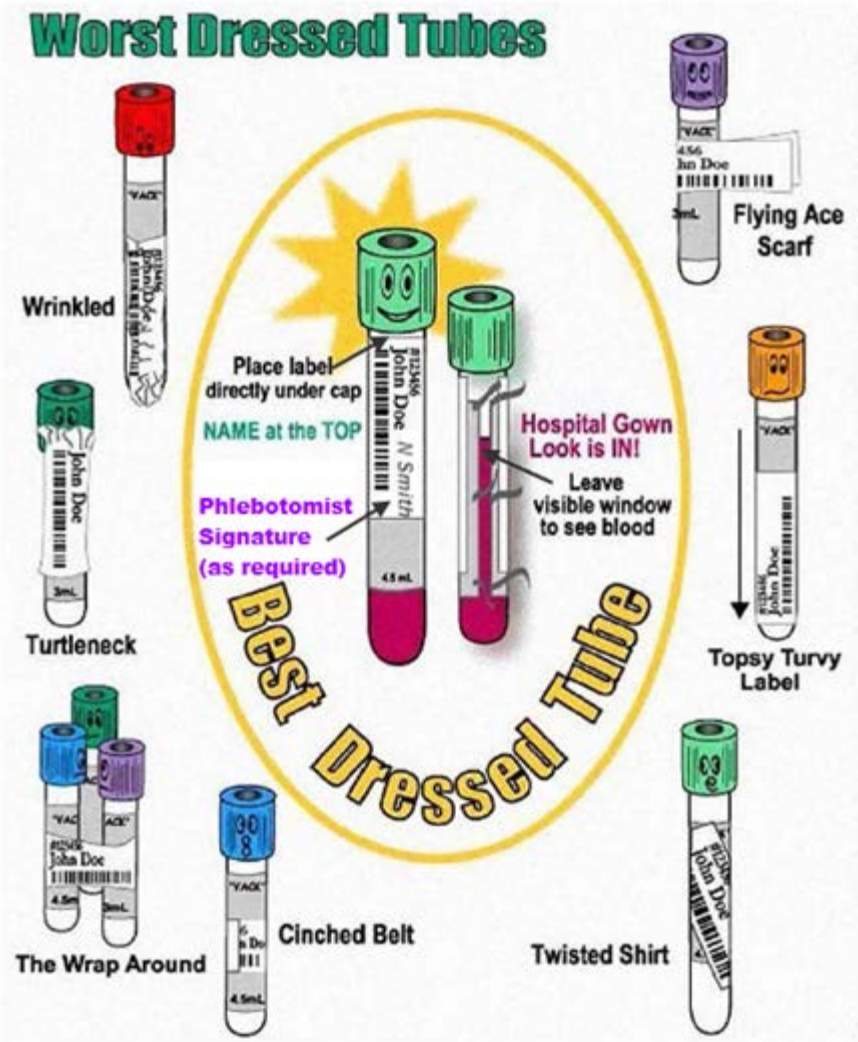
Identification labels for tubes of blood must be affixed horizontally on the tube – ideally, the writing should go from top to bottom.
The higher edge of the label should be affixed just below the bottom of the stopper. The label should be affixed so that it does not exceed the bottom of the tube; label should cover the label already present on the tube.
Labels **must** be 2 ¼" x 1 ¼" due to restrictions with instrumentation.
Tape or any other adhesive should not be used to keep the label in place.

How to affix a label

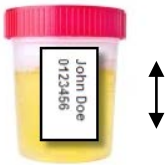
- Affix the label underneath the tube stopper
- Affix the label so that it is aligned with tube and not diagonally
- Avoid making bumps, creases, folds or air bubbles under the label

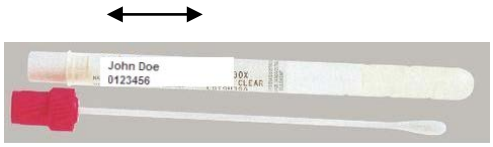
Note: An adequately affixed label will ensure a rapid treatment of the sample, improving the response time of the laboratory.

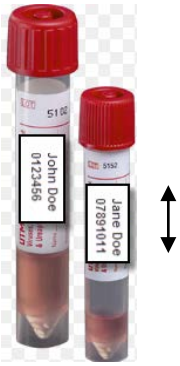
Get it Straight, Reduce the Wait
Be the Best Dressed!



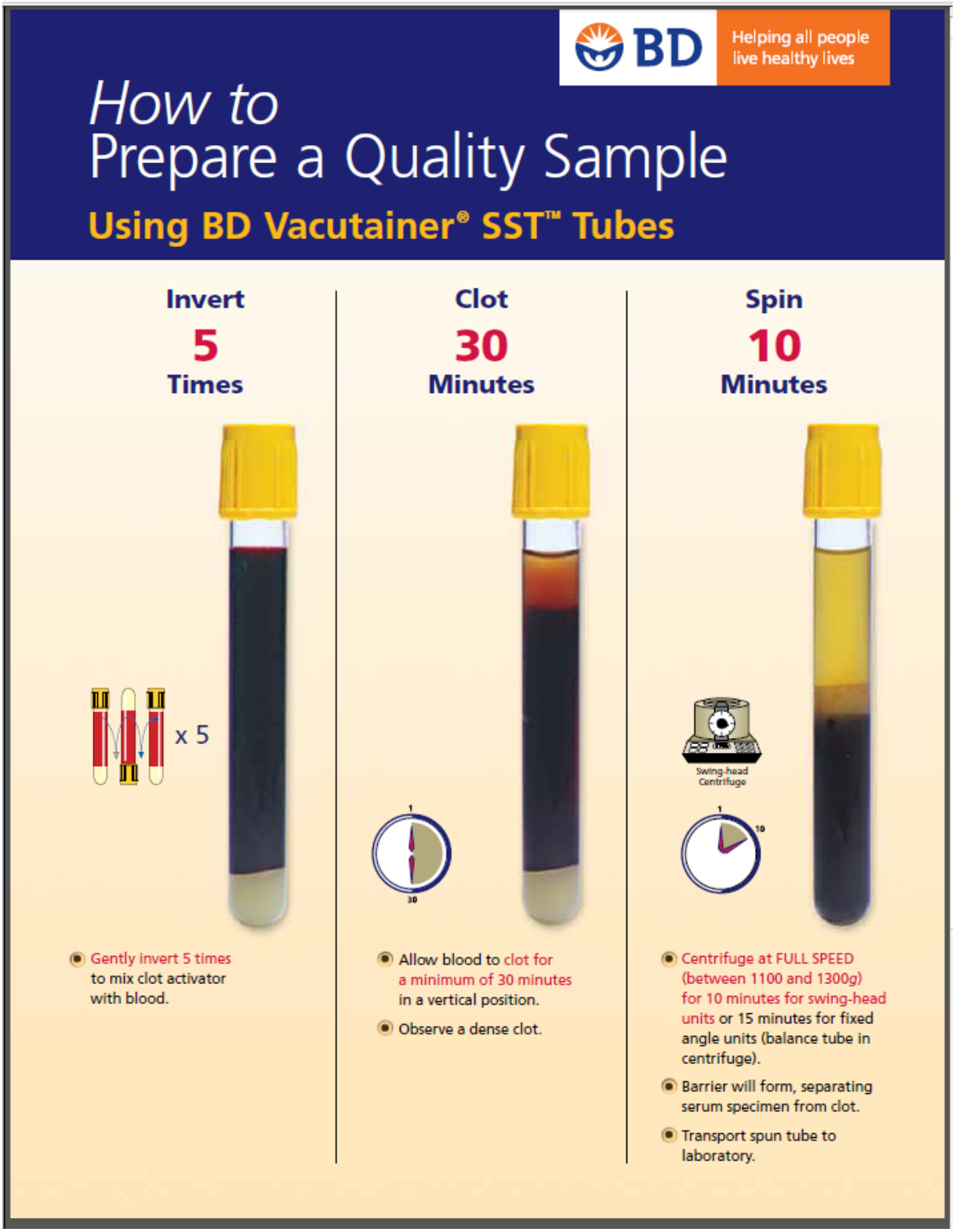
Our Friends Like to Dress the Same Way Too







PREPARING QUALITY SPECIMENS: MIXING, CLOTTING, CENTRIFUGATION



SPECIMEN STABILITY (QUICK REFERENCE)

Due to the instability of certain specimens, it is important to take note of those tests which require prompt delivery to the lab after collection.

Maximum Hours From Collection To Testing (Common Tests)					
Immediate	**2 hrs**	**4 hrs**	**6 hrs**	**24 hrs**	**48 hrs**
Ammonia Blood Gases Lactate CSF Body Fluid (WBC & Crystals)	Glucose (serum) Thrombin Time Semen Analysis Stool WBC	Electrolytes BNP @ RT D-Dimer PTT Factor VIII Factor IX Protein S Urine Microscopic	AT III Fibrinogen Protein C **12 hrs** Excyte ESR Manual Diff	CBC BNP (2-8^{0}C) ESR (from CBC) Homocysteine Lithium (R_T) Monospot PSA PT Phosphate (R_T) Reticulocytes T. Bilirubin (R_T) TCO2 (R_T) Urine C & S	Donath Landsteiner Glucose (grey) Lipid Panel Urinalysis (2-8^{0}C)

NOTES:

- All Microbiology specimens should arrive within 24 hours
- Coagulation Sendouts (frozen within 4 hrs of collection)
- DNA Sendouts (Sent to Halifax within 4 hrs of collection/Tested within 24hrs)
- Please refer to: http://www.healthpei.ca/laboratoryservices for information on all other requests (see D20)
    - Laboratory Quick Reference Guide to Test Orders
    - Laboratory Information Manual (LIM) – **detailed one-pagers on each test

Health PEI

Guide to Laboratory Services

How to Prepare for a Fasting Test

(Glucose, Lipid Profile/Triglyceride)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Fasting Test Instructions:

Have nothing to eat, chew (including gum or candy) or drink (except sips of water) for the period specified below, according to the test you are having performed. Prescription drugs are permitted.

Glucose – Fasting:	Requires a fast of at least 8 to 12 hours.
Lipid Profile or Triglyceride:	Requires a fast of at least 8 to 12 hours.
Glucose or Lactose Tolerance:	Refer to: Preparation for a Glucose or Lactose Tolerance Test Patient Instructions.

NOTE: This includes refraining from consuming coffee or tea in any form because of the effect that caffeine has on the concentration of blood constituents including glucose.

How to Prepare for a Glucose or Lactose Tolerance Test

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

This test must be booked with the blood collection laboratory of your choice. Your appointment is scheduled for _____ a.m. on _____.

Before the test:

- Have **NOTHING** to eat, chew (including gum or candy) or drink (except small amounts of water) for at least 8 hours and no more than 14 hours before coming to the laboratory.
- You may bring a book or craft because this test will take 2 or 3 hours or more.

When you get to the laboratory:

- It is important that you arrive on time for your appointment. If you do not arrive on time your appointment may be rebooked for another day.
- Register in Admitting before proceeding to the collection area.
- Come directly to the desk and inform the staff that you have an appointment for a tolerance test.
- You will be given a drink and then blood samples will be taken at specified intervals.

During the test:

- You cannot leave the collection area during the test.
- You may not smoke, eat (including gum or candy) or drink (except for small amounts of water) during the test.
- You may use the laboratory washroom.
- Let the laboratory staff know if you feel sick during your test.

How to Collect a 24 Hour Urine Specimen

CAUTION: The bottle may contain a preservative in the form of a liquid/powder which may burn your skin. DO NOT remove the preservative from the bottle. Keep the bottle upright so it does not spill. Urinate (pee) into a clean dry plastic container and transfer the urine to the collection bottle. Do not splash when pouring urine into the bottle.

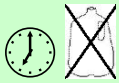
KEEP OUT OF THE REACH OF CHILDREN. IF LIQUID IN BOTTLE IS SPLASHED OR SPILLED, WASH SPILL IMMEDIATELY WITH WATER.

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

- Throw out your first morning urine sample. Make sure your bladder has been completely emptied. Write this time and date on the collection bottle label. This is the **START TIME**.
- Begin collecting urine samples in the bottle the **next** time you urinate (pee). Urinate into a clean dry plastic container and transfer the urine to the bottle.
- Save all the urine from each time you urinate for the complete 24 hour period. **Store in fridge.**
- Collect the **last** urine sample exactly 24 hours after your **START TIME**. Try to collect a urine sample at this time even if you do not feel the urge to urinate. Write this time and date on the collection bottle label. This is the **FINISH TIME**.
- If you try to urinate at the **FINISH TIME** but cannot produce any urine, this is still an acceptable 24 hour urine sample. Write this as the finish time on the label.

EXAMPLE:

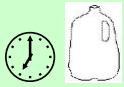
First Sample = 7:00 a.m. → throw out
Write time and date on label beside **START TIME**.



Second Sample → Collect and pour entire urine sample into the bottle given to you by the laboratory.

Continue collecting and saving **all** urine samples for the complete 24 hour period.

Last Sample = Next day at 7:00 a.m. → this is the last urine sample. Collect and pour into the bottle. Write the time and date on the label beside **FINISH TIME.**



- Put the bottle in a plastic bag and keep in a cool dark place (example: refrigerator) during the time you are collecting until you bring it to the laboratory.
- Clearly label the bottle with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the **START** and **FINISH** date and times.
- Promptly bring the bottle and requisition to the laboratory. Hand both of them to one of the laboratory staff; do not just leave them on the counter.

NOTE: If one of the urine samples is thrown out by mistake and not added to the bottle, the test must be started over.

How to Collect a 24 or 72 Hour Stool Sample

(Stool Sample for Fecal Fat)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

How to collect the samples:

- Collect **ALL** stool passed for a 24/72 hour period.
- Collect stool **directly in** the plastic bag provided in the pre-weighed container that is given to you by the laboratory.
- If, during the collection time, the can is getting to be more than 2/3 full, obtain another container from the laboratory to complete the test.

NOTE: Only stool should go into the container. Do not put in toilet paper, urine, plastic wrap or any other foreign material.
It is essential that **all** specimen(s) be collected in the container since the total weight of the specimen is required for an accurate result.

Storage of the container:

- Keep the collection container in a cool place. Do not freeze.
- Keep the lid of the container on tightly

What to do after collecting the samples:

- Clearly label the container and requisition with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the **START** and **FINISH** date and times.
- Promptly bring the container and requisition to the laboratory. Hand both of them to one of the laboratory staff; do not just leave them on the counter.

EXAMPLE:

START Time - 7:00 a.m. Jan. 5, 2011
Collect all stool samples for a complete 24/72 hours.

FINISH Time - 7:00 a.m. Jan. 6, 2011 (24 hour collection)
- 7:00 a.m. Jan. 8, 2011 (72 hour collection)

Write the **START** and **FINISH** times on the requisition and container.

How to Collect a Midstream Urine (MSU)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Before collecting the urine specimen:

- A container will be given to you
- Wash hands with soap and water
- Open the container; be careful not to touch the inside of the container or lid.

Collecting the urine specimen:

- Remove the cap of the sterile container(s). Do not touch inside the cap or the bottle.
- The urine must pass into the container without touching the skin. **FEMALES** should separate the labia and **MALES** should retract the foreskin.
- Pass a small amount of urine into the toilet. **Stop** the flow and then begin urinating directly into the container until half full. **Stop** the flow. Finish urinating in the toilet. If you are requested to collect two samples, then use bottle #1 to collect the first part of your urine and bottle #2 for the remainder.
- Replace the cap of the container(s) tightly, again being sure not to touch inside the cap or the bottle.
- Wash hands after collecting the specimen.

Labeling the urine specimen:

- Clearly label the container and requisition with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the Date and Time of collection.

Delivering the urine specimen:

- Promptly deliver the specimen to the laboratory / physician's office.
- The urine specimen **must** be delivered the same day it is collected.
- Keep refrigerated.

How to Collect a First Stream Urine

(Chlamydia/GC Testing)

Note: This is **NOT** the same as collecting a midstream urine specimen (MSU).

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Before collecting the urine specimen:

- Do not urinate (pee) for at least one (1) hour before collecting your urine specimen. Do not cleanse the genital area.
- A container will be given to you
- Wash hands with soap and water
- Open the container; be careful not to touch the inside of the container or lid.

Collecting the urine specimen:

- Catch the urine (pee) directly into the container.
- Collect the first part of the urine (initial stream).
- Fill the container about 1/3 full.
- Place lid tightly on the container. Do not touch the edges or inside of the container.
- Wash hands after collecting the urine specimen.

Labeling the urine specimen:

- Clearly label the container and requisition with your **NAME** and **Provincial Health Card Number** (as they appear on your Health Card) and the Date and Time of collection.

Delivering the urine specimen:

- Promptly deliver the specimen to the laboratory / physician's office.
- The urine specimen **must** be delivered the same day it is collected.
- Keep refrigerated.

How to Collect a Pinworm Specimen

Note: Specimens are best obtained a few hours after the person has retired, perhaps at 10 or 11 PM, or the first thing in the morning before a bowel movement or bath.

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection container:

- Use the Pinworm Collection Kit provided

Collection Instructions:

- DO NOT wipe or wash the anal area before collecting the specimen.
- Remove lid from container. Sticky paddle is attached.
- Pressed gummed surface of paddle against several areas of the skin around and across the anal opening.
- Replace paddle in container and tighten cap.

After Collecting the Specimen:

- Wash hands thoroughly.
- Clearly label the container with patient's **NAME** and **Provincial Health Card Number** (as they appear on Health Card) and the Date and Time of collection.
- Take the specimen to the laboratory as soon as possible.

How to Collect a Sputum Specimen

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection container:

- Sterile specimen container (C&S)

Collection instructions:

- The sputum specimen obtained should be the result of a deep cough, thick of nature and not saliva.
- Collect an early morning specimen BEFORE breakfast.
- DO NOT use mouthwash, brush teeth, or gargle before collecting the sputum specimen.
- The patient should cough the sputum directly into the sterile container provided.
- Replace the container lid and close securely.

After Collection:

- Clearly label the container and requisition with:
  - **NAME** and **Provincial Health Card Number** (as they appear on your Health Card)
  - the Date and Time of collection
  - specimen source
- Transport the specimen to the laboratory within two (2) hours of collection. If transport is delayed, refrigerate specimen.
- The specimen MUST be received in the laboratory within 24 hours of collection.

How to Collect a Semen Sample

(Complete Examination / Post-Vasectomy)

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection container:

- Sterile specimen container (C&S)

Before Collection:

- Do not ejaculate (either through sexual intercourse or masturbating) for at least three (3) days before collection.

Collection instructions:

- Collect a sample in the sterile container provided by your physician.
- DO NOT collect the sample in a condom. Condoms contain a powder that destroys sperm.
- Ensure the entire semen sample is collected.
- Securely fasten the cover.

Check that you have:

- ☐ Labeled both container and requisition with your **NAME**
- ☐ Labeled both container and requisition with your **Provincial Health Card Number** (as they appear on your Health Card)
- ☐ Labeled both container and requisition with the Date and Time of collection

Transport:

- Specimen **must** be kept warm (body temperature) until delivery.
- Specimen **must** be received within two (2) hours of collection.
- Bring the specimen directly to the laboratory from 8:00am until 2:00pm, Monday to Friday. Specimens **cannot** be accepted after-hours, on weekends or holidays.
- Hand the specimen and requisition directly to laboratory staff.

How to Collect a Stool Specimen

IMPORTANT: TO ENSURE ACCURATE TEST RESULTS, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

Collection Container:

- Plain Stool Container (for C.diff toxin, Virus, Fecal Fat Stain – Qualitative, Reducing Substance, WBC & H. Pyloric)
- Cary-Blair Stool Container (for Culture) – contains pink gel/fluid
- SAF Stool Container (for Parasites, Giardia/Crypto) – contains clear liquid

- SAF is a poison, keep out of reach of children
- if swallowed, drink lots of milk or water and IMMEDIATELY call Poison Control Centre 1-800-565-8161

Before Collection:

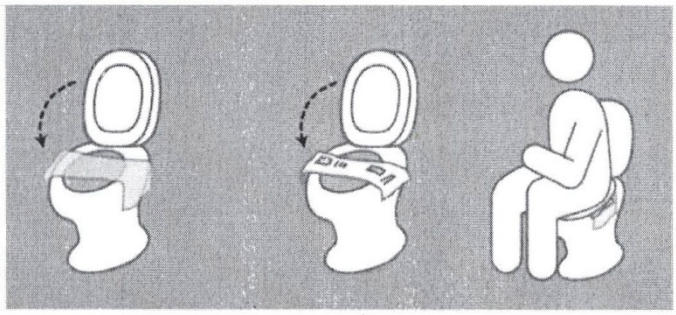
- DO NOT use a laxative before collecting the stool specimen.
- Empty bladder (pee) completely so that stool sample is not contaminated with urine.

Collection Instructions:

- Use a clean, dry disposable container (example: plastic bucket, paper plate)

OR

- Place plastic wrap or newspaper underneath the toilet seat, but hanging over the water in the bowl. Do not let the water touch the stool sample.



- Using the scoop provided in the container, place an appropriate amount of stool (see below) in the container. Take parts of the stool that are bloody or slimy.
  A. Plain Stool Container: ½ full.
  B. Cary-Blair Stool Container: ¾ full, mixing the stool and pink gel/fluid.
  C. SAF Stool Container: to "fill line" marked on label, mixing stool with the liquid by shaking well.
- Store in fridge. Promptly transport to Laboratory / Physician's Office.

NOTE: Sampling for the same test should be carried out on different days. One stool sample, however, can be used for different containers / tests.
Example: Parasites collected on day 1 and day 2 and day 3. Parasite and Culture and Virus can be collected from stool sample on day 1.

SWAB COLLECTION PROCEDURE:

GENERAL MICROBIOLOGY NOTES:

- Specimens should be collected before starting antimicrobial agents.
- An adequate amount of sample should be collected. More is better than less. (example: 10 ml of pus is better than a swab) Small amounts will deteriorate by drying, becoming aerobic, whereas larger volumes minimize the risk of false positives.
- The specimen will be processed appropriately if:
  A) the source is clearly indicated. For example 'swab of the hip' taken in the OR from the joint would be processed quite differently from a superficial 'swab of a hip' ulcer.
  B) SPECIFIC diagnoses is indicated

A. Perianal Swab:

Swab the perianal skin in an area 3 cm radius from the anus.

B. Genital Tract Specimens:

Female:

➢ Cervix:

a) Do not use lubricant during speculum insertion.
b) Wipe the cervix clean of vaginal secretions and mucus.
c) Rotate a sterile swab, and obtain exudates from the endo-cervical glands.
d) If no exudate is seen, insert a sterile swab into the endo-cervical canal, and rotate the swab.

➢ Urethra:

a) Collect specimens 1 hour or more after patient has urinated.
b) Stimulate discharge by gently massaging the urethra against the pubic symphysis through the vagina.
c) Collect the discharge with a sterile swab.
d) If discharge cannot be obtained, insert a urethrogenital swab 2 to 4 cm into the endourethra, gently rotate the swab, and leave it in place for 1 to 2 seconds. Withdraw the swab, and submit it in the appropriate transport system for culture.

➢ Vagina:

a) For bacterial vaginosis, use a speculum without lubricant. Collect secretions from the mucosa high in the vaginal canal with sterile pipette or swab.

Male:

- Urethra:

a) Collect specimens at least 2 hours after the patient has urinated.
b) Insert a thin urethrogenital swab 2 to 4 cm into the endo-urethra, gently rotate it, leave it in place fro 1 to 2 seconds.
c) Withdraw the swab, and submit it in the appropriate transport system for culture.

C. Throat Swab:

a) Extend sterile swab between the tonsillar pillars and behind the uvula. (Use a tongue depressor to avoid touching the cheeks, tongue, uvula or lips)
b) Sweep the swab back and forth across the posterior pharynx, tonsillar areas, and any inflamed or ulcerated areas to obtain sample.

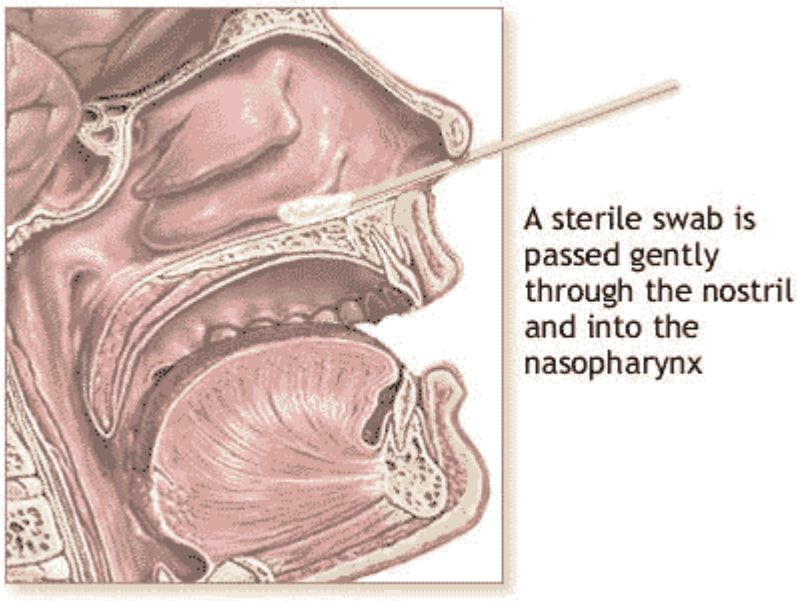
D. Fungal Culture:

a) Clean the surface with sterile waterl
b) Using a scalpel blade, scrape the periphery of the lesion border. Samples from scalp lesions should include hair that is selectively collected for examination. If there is nail involvement, obtains scrapings of debris or material beneath the nail plate. Transport in a mycology skin scraping collection kit with heavy black paper, or in a sterile container.

E. Nasopharyngeal Swab:

a) Use the swab supplied with the viral transport media.
b) Explain the procedure to patient.
c) When you collect the specimens, wear gloves and a mask. Change gloves and wash your hands between each patient.
d) If the patient has a lot of mucus in the nose, it can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucus or clean the nostril yourself with a Q-tip.
e) To estimate the distance to the nasopharynx, measure the distance from the corner of the nose to the front of the ear and insert the shaft of the swab ONLY HALF THIS LENGTH.
f) Seat the patient comfortably. Tilt the patient's head back slightly to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
g) Using the swab provided, gently insert the swab along the medial part of the septum, along the base of the nose, until it reaches the posterior nares – gentle rotation of the swab may be helpful (if resistance is encountered on one side, try the other nostril, as the patient may have a deviated septum).

h) Rotate the swab several times to dislodge the columnar epithelial cells. *(note – insertion of the swab usually induces a cough)* Allow the swab to sit in place for 5 – 10 seconds.
i) Withdraw the swab and place it in the collection tube. Snap the end of the swab to make it fit more easily. Label sample and refrigerate.



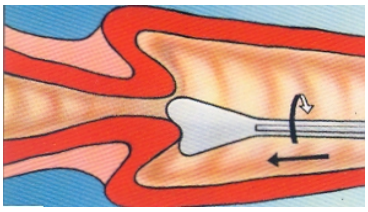
CYTOLOGY GYNECOLOGICAL COLLECTION PROCEDURE:

NOTES:

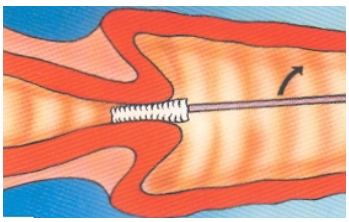
- Mid-cycle smears are best for detection of early cancer or its precursor stages.
- Smears should **NOT** be taken for at least two weeks after cauterization or curettage.
- Vaginal douching should **NOT** have been carried out for several days prior to obtaining smears.
- Cotton swabs are **NOT** considered appropriate collection devices for Pap smears.
- There must be at least a 3 month time lapse between smears for epithelial cell regeneration.
- Complete 'Request Form': Age, MRN, site of specimen, clinical history, menstrual history and pre-treatment are necessary for satisfactory identification of the patient and interpretation of the samples.

Pap Smear:

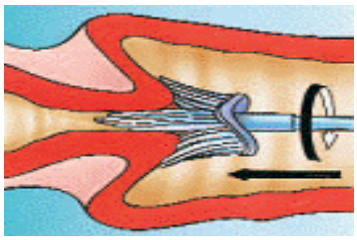
1. **Slide:**
   a) Use clear glass slide with frosted end.
   b) Patient's first and last name & MRN **MUST** be written on frosted end in lead pencil (proper identification).
2. Do **NOT** use lubricant during speculum insertion.
3. **Samples:**
   a) **Exocervix :** Apply the spatula to the exocervix, ensuring continuous contact between the spatula and cervix. Perform a 360 degree scrape.



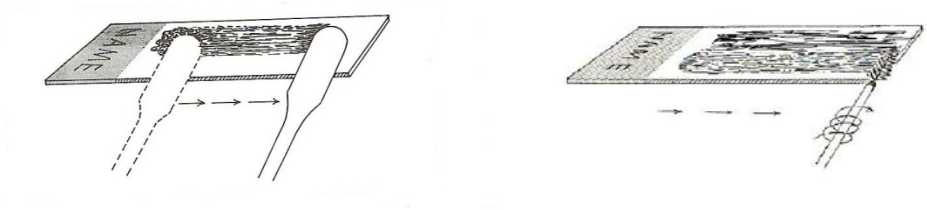
   b) **Endocervix:** Insert the endocercival brush into the endocervical canal, ensuring lower bristles are visible. Turn the brush one quarter (¼) turn. **Note***:* Over rotation may cause cell damage and bleeding.



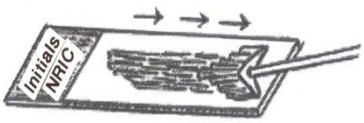
c) **Endocervical & Exocervical Components:** May be collected simultaneously using a 'Cytobroom'. Insert the central bristles of the broom into the endocervical canal, deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently and rotate the broom in a clockwise direction 5 times.



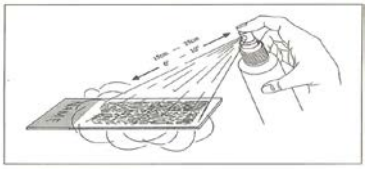
4. **Specimen:**
   a) Spread evenly on **one** slide.
      a) Spread spatula in a linear fashion
      b) Spread the endocervical brush in a linear rolling fashion on top of the still moist, previously spread material.



   b) If a cytobroom was used for collection, use a single paint stroke motion to transfer the cellular sample down the long axis of the slide. The broom is turned over and the paint stroke motion is repeated over the same area.



   c) Spray fix slides **immediately** with cytological spray fixative.



   d) Allow slides to dry completely before placing in slide holder.

Hormone Assessment-Maturation Index:

(a) The sample should be taken as cleanly as possible from the lateral vaginal wall of the vagina at the level of the cervix.
(b) Spray fix slides **immediately** with cytological spray fixative
(c) The request form should indicate clearly the problem which is being investigated.
(d) The report will indicate the proportion in which epithelial cells of varying degrees of maturity occur: i.e. superficial squamous cells, intermediate cells, and parabasal cells.

CYTOLOGY NONGYNECOLOGICAL COLLECTION PROCEDURE:

NOTES:

- Complete **'Request Form'**: Age, MRN, site of specimen, clinical history, menstrual history and pre-treatment are necessary for satisfactory identification of the patient and interpretation of the samples.
- All samples should arrive mixed with an equal (approximate) volume of 50% alcohol fixative (50% ETOH) to ensure preservation of cellular material. **Exception:** SPUTUM
- Deliver samples **ASAP** to the Laboratory.

Sterile Collection Containers for Fluid/Sputum Cytology

Sputum:

- Obtain early morning specimen on 3 consecutive days. Instruct the patient to:
  a) cough deeply upon awakening
  b) expectorate all sputum (NOT saliva) produced during the next hour into the C & S container.
- Submit specimen (fresh & unfixed) to the Laboratory for cytological evaluation.

Bronchial Washings:

- Immediately mix the fluid obtained with an equal volume (approximate) of 50% alcohol fixative.
- Rinse the collection tube with alcohol and add the washings to the specimen.
- Submit each site collected in a **separate** C & S container that is clearly labeled with:
  a) Patient information
  b) Specimen Type & Site

Bronchial Brushings:

- Brush tip should be clipped and sent to Laboratory in C & S container with enough 50% alcohol to cover the brush.
- Submit each site collected in a **separate** C & S container that is clearly labeled with:
  a) Patient information
  b) Specimen Type & Site

Serous Fluids (e.g. Pleural, Peritoneal, Pericardial):

- Immediately mix the fluid obtained (or an aliquot) with an equal volume (approximate) of 50% alcohol fixative.
- **Amount of Specimen:** Approximately 50 mL in a C&S container
- Submit any tissue fragments as well – for preparation as a cell block by the Laboratory.

Urine:

- Immediately mix 'fresh early morning' urine (but NOT the first voided of the day) with an equal volume (approximate) of 50 % alcohol fixative.
- **Amount of Specimen:** Approximately 20 mL in a C&S container.
- **Catheterized or Cystoscopic Urine:** acceptable but must be labeled as such.

Bladder Washings:

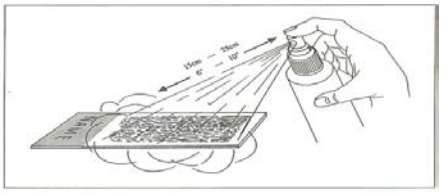
- The fluid obtained should be mixed immediately with an approximately equal volume of 50% alcohol fixative in a C&S container.
- Sample must be clearly labeled as a Bladder Washing.

Gastrointestinal:

- Gastric washings and brushings should be collected following the same instructions as bronchial washings and brushings.

Breast Secretions:

- Clear glass slide with frosted end must be used. Patient's first and last name, and MRN must be written on frosted end in lead pencil to allow for proper identification.
- Slide should be touched to the discharged material and the fluid spread evenly with the end of another slide.
- Smear should be fixed immediately with cytological spray fixative.



- Allow slides to dry completely before placing in slide holder

Cerebrospinal Fluid (CSF):

- **Amount of Specimen:** A minimum of 1ml of specimen is required.
- When possible, the fluid obtained should be mixed immediately with an approximately equal volume of 50% alcohol fixative.
- Delay in preservation and examination may result in degeneration of cellular material.

Collection Tubes for CSF Cytology

Fine Needle Aspirates (FNA):

- **Collection Procedure**:
  1. Insert the needle into the mass (usually a 22 gauge needle will suffice) and gently move the needle tip to loosen cells.
  2. Aspirate by drawing back on the syringe.
  3. Without releasing the negative pressure, redirect the needle within the target at least 3 times.
  4. Release the negative pressure and let the plunger return to the resting position.
  5. Remove the syringe.
  6. Once removed, separate the needle from the syringe and draw back to fill the syringe with air.
  7. Reconnect the needle and express the material into collection container of 50% alcohol fixative.
  8. Rinse the needle 2-3 times in the alcohol fixative to ensure all of the diagnostic material is collected in the container.
- Submit each site collected in a **separate** C & S container that is clearly labeled with:
  a) Patient information
  b) Specimen Type & Site

Red Stopper Collection Tube or Sterile Collection Container for FNA Cytology

HUMAN PAPILLOMAVIRUS (HPV) COLLECTION

NOTE:
- Test Kit available from Cytology Department **<u>if testing criteria is met</u>**.
- Contact: 902-894-2300

CERVICAL SAMPLER: INTENDED FOR SINGLE USE ONLY (DO NOT REUSE)

SurePath vial must be labeled with full patient name and MRN.

Pregnant Patients:
The Cervix-Brush® should not be used on patients after the first 10 weeks of pregnancy.

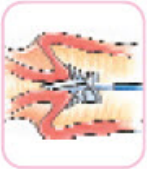
For more detailed collection instructions see:

www.bmpath.com/documents/Surepath%20Visual%20Sheet.pdf

SurePath™ Sample Collection with Broom-Type Device with Detachable Head[5]

1. Collect

Insert the Rovers Cervix-Brush® into the endocervical canal. Rotate brush five times in a clockwise direction.



2. Drop

Drop the detachable head of the device into the SurePath™ vial.

3. Send

Place the cap on the vial and tighten. Send the SurePath™ vial to the lab for processing.

Contraindication: The Cervex-Brush® should not be used on patients after the first 10 weeks of pregnancy.

Transporting Specimens

NOTE:
- Transportation of Dangerous Goods establishes the guidelines for transporting diagnostic specimens to the Laboratory.
- **STAT** (priority) requests should be immediately transported to respective laboratory.

1. Primary containers (specimens) should be properly sealed and identified.
   DO NOT roll specimen in the requisition or attach specimen to the requisition using tape, elastics, staples or patient demographic labels.

2. Blood tubes should be:
   - Transported upright in sponges packed in
   - Opague polystyrene secondary containers which are placed in
   - Special totes (provided to major clinics by Facility) or coolers.

3. According to TDG (Transportation of Dangerous Goods) Guidelines, specimens should be sealed in a plastic bag with sufficient absorbent (paper) to soak up any spills.

4. An ice pack may be used to keep specimens cool during transport. Contents should not come in contact with the icepack.

5. Requisitions / Mail must be packaged separately (from specimens & ice packs) in a plastic bag to avoid contamination should an accident occur.

6. **Protection of Privacy:** Patient information should not be visible to the public.
   - Use of opague secondary containers (Patient information on specimens)
   - Use of totes (Patient information on requisitions/specimens)
   - Use of 'Mail' bags provided by Facility

7. Transport all specimens with minimum delay. See Laboratory Information Manual (LIM) for detailed storage and transport instructions.

8. Sender information should be supplied (as a label) with the container to ensure prompt return of the container.

9. For health and safety reasons, all transport containers should be disinfected on a regular basis.

NOTE:
- For all other information regarding the transport of biomedical specimens, please refer to http://www.tc.gc.ca/tdg/clear/tofc.htm .
- This website details the requirements of packaging, labeling and documentation needed for the transport of infectious material and diagnostic specimens.

Criteria for Rejection of Specimens

IT IS THE POLICY OF THE DEPARTMENT OF HEALTH AND WELLNESS TO REJECT LABORATORY TEST SPECIMENS ON THE BASIS OF IMPROPER IDENTIFICATION, UNUSUAL BIOLOGICAL HAZARD OR SPECIFIC TECHNICAL CRITERIA.

NOTES

1. IN THE CASE OF A SPECIMEN REJECTION:
   - A REQUEST FOR ANOTHER SPECIMEN WILL BE MADE AS SOON AS POSSIBLE.
   - REASON FOR REJECTION WILL BE SPECIFIED ON THE REPORT
2. SPECIMENS FOR BTS WILL BE EVALUATED ACCORDING TO THE TRANSFUSION SERVICE POLICY.

1. SPECIMEN IDENTIFICATION
   The adequacy of the identification will be determined by the Laboratory based on the availability of two independent identifiers, one of which is unique:
   - Last name and given name(s) of patient as they appear on current Provincial Health Card (PHC).
   - Correct Medical Record Number (MRN) / Provincial Health Number (PHN)
     - In certain cases the MRN may be replaced by another unique numerical identifier (Example: RCMP number, military number, provincial health number – province **must** be identified)
     - Date of birth is not acceptable as an identification number

   The two identifiers on the specimen should match those on the requisition. As long as these identifiers match and are correct according to Cerner and the Patient Registry, the specimen will be processed.

2. UNLABELED SPECIMENS
   Unlabeled specimens will be rejected, except in exceptional circumstances. Exceptional circumstances may include specimens that cannot be recollected such as:
   - CSF
   - Blood cultures after the patient has been started on antibiotics
   - Timed specimens
   - Neonatal collections
   - Blood gases
   - Surgical specimens

3. MISLABELED SPECIMENS / REQUISITIONS
   Mislabeled specimens / requisitions will be rejected, except in exceptional circumstances as indicated above (#2).

Examples of discrepancies include:

- Missing one of the acceptable identifiers
- Wrong MRN
  - MRN belongs to another patient
  - Missing / cutoff number(s)
  - Reversal of numbers
  - “000000000” MRN’s
- Wrong name
  - Wrong given name (example: parent’s name on child’s specimen)
  - Misspelled last name / given name(s)
  - Name discrepancies (example: improper use of hyphenated last names)
  - Missing characters due to “cut off” label
  - Reversal of letters (example: Simth instead of Smith)
  - Use of nicknames (example: Betty instead of Elizabeth)
- Requisition and specimen do not match

4. UNLABELED REQUISITIONS

In the case of incomplete requisitions, the lab may choose not to analyze the sample. If possible, the client will be contacted to fax a complete requisition.

5. TECHNICAL CRITERIA

- Insufficient quantity of specimen
- Sample integrity (example: hemolysis, lipemia, clotted)
- Wrong specimen container
- Collection protocol not followed (example: too frequent collection, non-fasting, incorrect order of draw)
- Transportation protocol not followed (example: not on ice, delay in transport, sample left on clot)

6. OUT-OF-PROVINCE REFERRALS

The laboratory may reject samples which do not meet criteria for specialized testing.

Whenever possible, specimens are batched and sent weekly. Possible difficulties resulting from statutory holidays, weather or labour problems should be kept in mind when specimens are collected.

7. SAFETY CRITERIA

All specimens received in the laboratory must be received in a biologically safe condition.

Specimens, specimen containers and/or requisitions that have become contaminated through leakage or spillage will be discarded without being processed except in exceptional circumstances (see #2 above).

Ordering Supplies from the Laboratory

- The "PROVINCIAL LABORATORY SUPPLIES REQUEST FORM" must indicate clearly the following information:
  - Name of Facility/Physician ordering the supplies
  - Name and phone # of the contact person
  - Request Date of the order

- The **REQUIRED QUANTITIES** must be clearly indicated on the order form.

- Orders will take from 1 to 2 weeks to be completed.

- You will be advised if there is a problem with your order.

NOTE:
Orders **WILL NOT** be filled if:
- There is no contact name on order
- The 'Office/Location' is not clearly indicated
- The order is phoned or faxed in (hard copy requests only)

Provincial Laboratory Supplies Request Form

Provincial Laboratory Supplies Request Form

Please Note: No Telephone Orders — Please Allow 1-2 Weeks for Order Completion

Ordering Facility/Physician: Facility/Physician Request Date: Request Date Requestor Name: Requestor Name Requestor Signature:_____

Contact Number: Contact # Note to Stores:_____

General Supplies at Media Prep (Media Prep)

Ordered	Shipped	
		24 Hr Urine Bottle No Preservative-Each
		24 Hr Urine Bottle with Acid Preservative-Each
		24 Hr Urine Bottle (Porphyrins)-Each
		24 Hr Urine Bottle(Porphobilinogen & ALA)- Each
		24 Hr Urine Bottle (Heavy Metals)-Each
		24/ 72Hr Stool Container (Fecal Fat)-Each
		Stool Container (Cary-Blair C/S)-Each
		Stool Container (Plain)-Bag 200 or Each
		Stool Container (SAF-Parasites)-Each
		Chlamydia Kit (Female)-Each
		Chlamydia Kit (Male)-Each
		Fungus Collection Kit-Each
		PKU Specimen Collection Cards-Each
		Pinworm Kit-Each
		Viral Swab-Each
		Cytology Slides Box 72
		Microslide Mailer Pkg 12

Forms (Non Health PEI Sites only) (Forms)

Ordered	Shipped	
		Cytology Request
		Urine/Other Request
		Surgical Pathology
		Microbiology
		Laboratory Blood Test
		Blood Transfusion
		Serum Allergy
1		Lab Supplies Order Form

MP Order Filled By:_____

MP Order Fill Date:_____

(Stores)

Ordered	Shipped	Maximum	
			701110.0015, Blood Culture Bottle Plus Aerobic 1F (Blue), S-442192, Case/50 or Each
			701110.0010, Blood Culture Bottle Lytic AnaerobicF(Purple),S-442265, Case/50 or Each
			701110.0005, Blood Culture Bottle Peds Plus F (Pink), S-442194, Case/50 or Each
		10 Box	705110.0010, Vacutainer Tubes, Grey 6 ml, S- 367925, Box/100
		5 Box	705110.0014, Vacutainer Tubes, Blue 4.5 ml, S-369714, Box/100
		20 Box	705110.0020, Vacutainer Tubes, Red 6 ml, S-367815, Box/100
		5 Box	705110.0025, Vacutainer Tubes 2.7mL TNT, Blue, S-363083, Box 100
		20 Box	705110.0030, Vacutainer Tubes, Lavender EDTA (CBC) 3 ml, S- 367856, Box/100
		10 Box	705110.0031, Vacutainer Tubes, Purple, EDTA, 6ml, S- 367863, Box/100
		10 Box	705110.0035, Vacutainer Tubes, Green 6ml, S-367886, Box/100
		20 Box	705110.0040, Vacutainer Tubes ,Yellow (SST) 5ml, S-367986, Box/100
		80	701010.1914, Formalin Containers, Prefilled for Small Biopsy Collections, Each
		10 Box	606311.0001, Blood Collection Needles, Multisample, Sterile,Eclipse 18 G x 1 1/2",S-305766, Box /100
		5 Box	705110.0122, Hemogaurd Tubes, Green, S-367886, Box 100
		20 Box	705110.0225, Blood Collection Needles, Multisample,Sterile,Eclipse 21 G x 1 1/4",S-368607 Box/48
		20 Box	705110.0230, Blood Collection Needles, Multisample,Sterile,Eclipse 22 G x 1 1/4", S-368608, Box/48
		20 Box	705110.0060, Blood Collection Set (Butterfly) , 12" Tubing w/leur adapter, 23 G,S-367283, Box /50
		3 Box	705010.0135, Occult Blood FIT Collection Containers, Box/100 or Each
			606555.0020, Swab, Alcohol Prep, Pleated, S-HAS200, Box/200
			606190.0035, Absorb. Balls, Rayon, Large, Bag/1000
			606145.0010, Gauze, Unsterile 2x2 12 Ply, Box/100
		20 Box	705110.0235, Blood Collection Holders, S-364815, Each
		5 Box	705110.0105, Tourniquet, Blue (Latex Free) S-367203, Box/25
		3 Box	606415.0015, Syringe, Disposable, 10CC, S-309604, Box/100
		24	701010.0116, Glucose Tolerance Orange Drink 50g, 11006-153, Each
		24	701010.0115, Glucose Tolerance Orange Drink 75g, 11006-155, Each
			101005.0080, Form, Outpatient Services (PCH Only)
			101005.0110, Form, Physician Orders (PCH Only)
			606190.0045, Dressing, Patchettes, Airstrip Wound, Sterile, 2.2 x 2.2cm (Spot), S-3MCS401
			701010.0046, Plf 10% Formalin 60/30mL Pp 75 x 30mL, S-23316155 (PCH Only)
		6 Bags	705010.0040, Ames Swab Transport Kit (No Charcoal), S-CA66410-103, Bag 50 ◄ Micro Culture Swabs
		8 Bags	705010.0035, Sterile Bottle (Sputum,Urine, etc), Bag 100 ◄ Sterile Bottle (Sputum, Urine)
			705110.0357, ESR Vacuum Tubes, S-EX10205 (PCH Only)

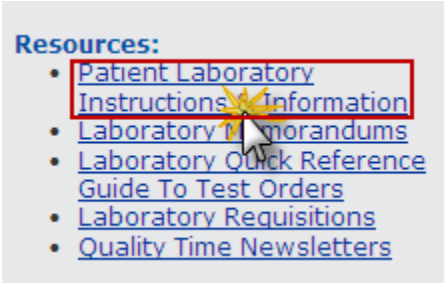
Stores Order Filled By:_____

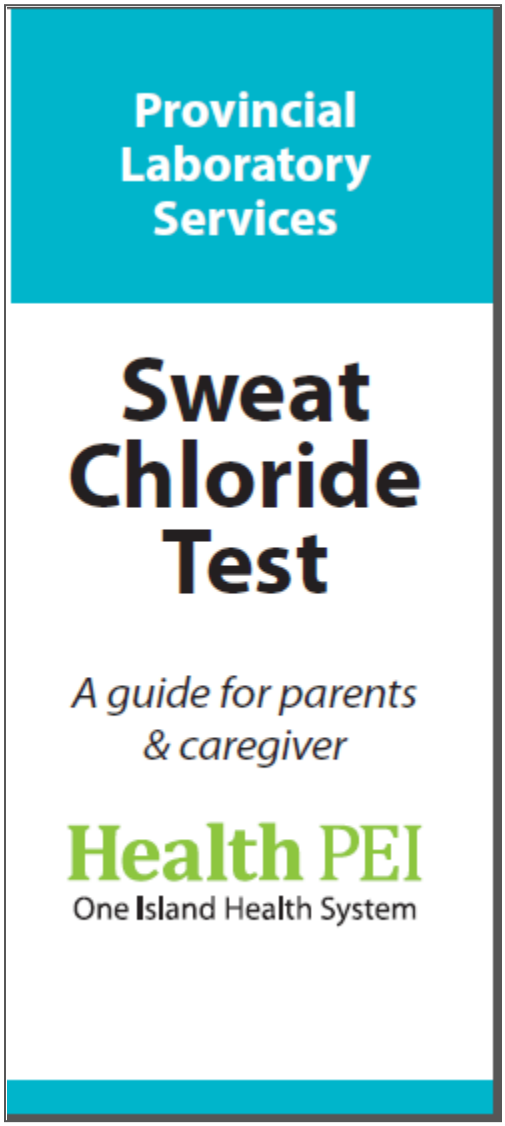
Stores Order Fill Date:_____

Q38-24(10/14) White Copy- Media Prep Yellow Copy- Materials Management Pink Copy- Requestor

SWEAT CHLORIDE PAMPHLET:

http://www.healthpei.ca/laboratoryservices



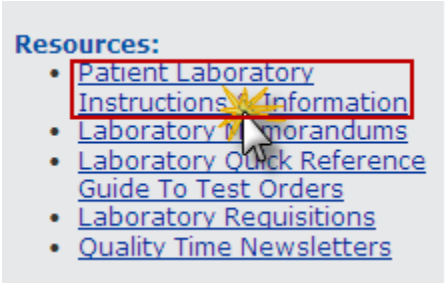


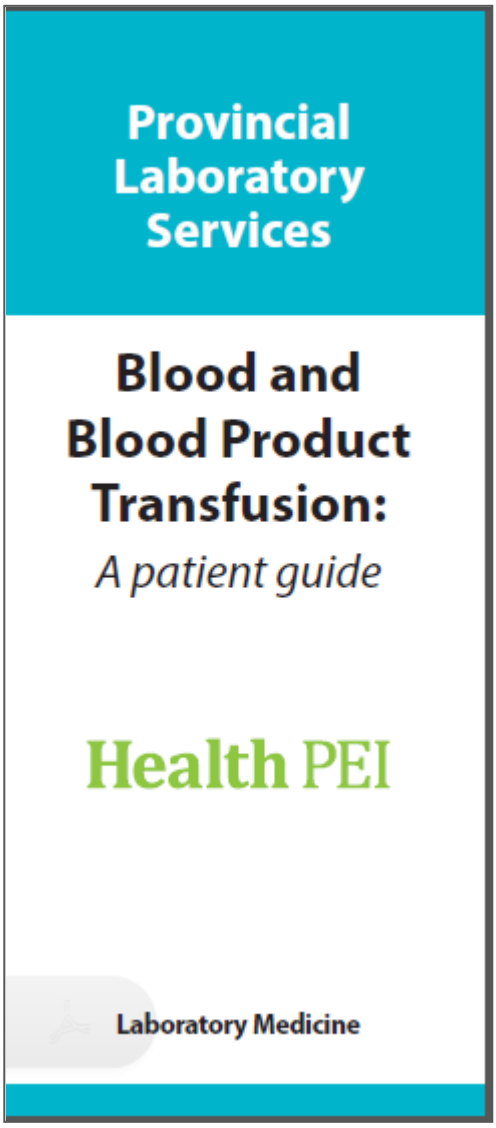
ANSWERS TO THE FOLLOWING QUESTIONS:

- WHY IS IT DONE?
- WHERE IS THE SWEAT TEST DONE?
- WHEN IS THE TEST PERFORMED?
- WHAT DO I NEED TO BRING WITH ME?
- WHEN YOU ARRIVE AT THE QEH
- PREPARATION
- WHAT HAPPENS DURING A SWEAT TEST?
- HOW WILL THE TEST FEEL?
- REMOTE RISK POSED (1:50,000)
- RESULTS

BLOOD & BLOOD PRODUCT PAMPHLET:

http://www.healthpei.ca/laboratoryservices



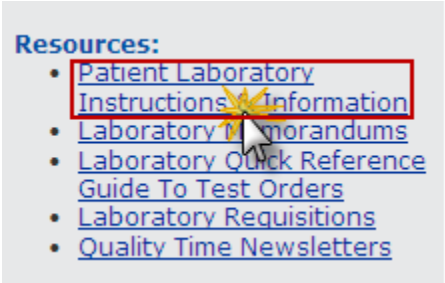


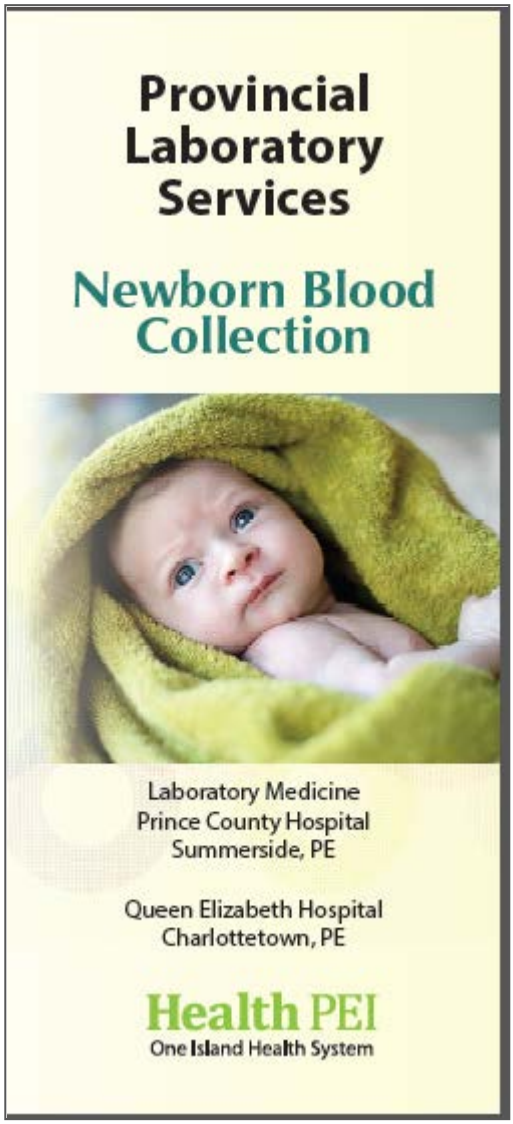
ANSWERS TO THE FOLLOWING QUESTIONS:

- WHAT IS A BLOOD TRANSFUSION?
- WHY DO I NEED A BLOOD TRANSFUSION?
- HOW IS BLOOD DONATED AND SCREENED?
- OTHER TYPES OF BLOOD DONATIONS
- WHAT IS BLOOD MADE UP OF?
- WHY AM I GETTING A BLOOD TRANFUSION?
- WHAT IS MY BLOOD TYPE?
- AM I GETTING THE RIGHT BLOOD?
- WHAT ARE THE RISKS?
- SIGNS & SYMPTOMS OF AN ADVERSE TRANSFUSION REACTION
- HOW CAN I AVOID A TRANSFUSION?

NEWBORN BLOOD COLLECTION PAMPHLET:

http://www.healthpei.ca/laboratoryservices





ANSWERS TO THE FOLLOWING QUESTIONS:

- WHAT IS IT?
- WHY DOES MY BABY NEED TO HAVE A BLOOD SAMPLE TAKEN?
- HOW CAN I BE PREPARED FOR MY BABY'S BLOOD TEST?
- HOW IS THE HEEL PICK DONE?
- QUALITY OF BLOOD SAMPLES
- RESULTS

Appendix:

ALTERNATIVE SPECIMEN IDENTIFIERS

Specimens being submitted on individuals from outside of PEI still require 2 independent identifiers on both the specimen and the requisition.

A. Patients from other Provinces

- Provincial health number
- Province **must** be identified
- Expiry date must be provided

Example:

ON 1234 567 897 exp. 2012-03-25
QC ABCD 1234 5678 exp. 2014-06-21

B. Non Canadian Patients

When a unique identifier is not available:

- Three letters representing the country from which they come
- Date of birth in the format ddmmyr

Examples:

USA050693 (American patient born June 5, 1993)
Or
ENG300948 (British patient born September 30, 1948)

C. RCMP Patients

Use the MRN/PHN as the unique patient identifier.
If unavailable, the RCMP number is acceptable as a unique identifier
Example: John Doe RCMP #123456

NOTE

Every patient registered in Cerner will be assigned an MRN. This assigned MRN can be found on the laboratory report, and **should** be used in replacement of the non-PEI unique identifier for subsequent visits.