



Department of Pathology and Laboratory Medicine – Central Zone

Laboratory Requisition – Microbiology

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:

Ordering clinician/practitioner **Watson-Creed, Gaynor**

PRN (Physician registration #) **13976**

Address _____

Telephone (for critical results) (_____) - _____

Copy to clinician/practitioner name _____

PRN _____ Location _____

Priority: ☐ Routine ☐ Urgent

Authorized requestor's signature _____

Date signed ____ / ____ / ____ (requisition expires one year from this date)

Please visit our website for more information:

www.cdha.nshealth.ca/pathology-laboratory-medicine

Time stamp (for lab use only): _____

Patient's information:

Name _____ Last _____ First _____ Middle _____

Full address _____ Street _____

City/Town _____ Province _____ Postal code _____

HCN (Health card #) _____

Health card province _____ Expiry date ____ / ____ / ____

Unique identifier # _____ (if HCN is not available) Type _____

Date of birth ____ / ____ / ____ ☐ Male ☐ Female

Telephone (_____) - _____ (12 hours from collection)

PATIENT CONTACT INFORMATION

(i.e. home / cell phone)

Collected by signature _____ ID # (from Capital Health) _____

Date collected ____ / ____ / ____ Time (24-hour clock) ____ hrs

Outbreak Investigation?

☐ No ☐ Yes – provide Public Health Outbreak # _____

TRAVEL INFORMATION:

☐ Nasopharyngeal (viral transport media/swab)

☐ Nares/Throat (alternate Aptima® Multitest Swab Specimen Collection Kit)

Microbiologists' phone numbers

Bacteriology

Dr. Ross Davidson (902) 473-5520

Dr. David Haldane (902) 473-2392

Virology/Immunology/Molecular

Dr. Todd Hachette (902) 473-6885

Dr. Jason LeBlanc (902) 473-7698

On-call microbiologist (902) 473-2220