

Submitter Information		Patient Information	
Facility Name		Last Name	
Guarantor Name		First Name	
Telephone Number		Date of Birth (dd/mm/yyyy)	
Authorizing Provider		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
CPSO No.		Gender Identity: _____	
Specimen Label		Health Card Number	Version
Accession Number		Province	
Collected (dd/mm/yyyy)		Postal Code	
Time Collected		Telephone	
Specimen Type		Additional Information	
Specimen Source			
Relevant Diagnosis			

Please see the HRLMP Laboratory test information guide for complete sample requirements <https://lrc.hrlmp.ca/>

Virology Molecular Tests (Select all that apply)		
Test	Recommended Specimen	Performed
<input type="checkbox"/> Adenovirus Qualitative PCR	EDTA Plasma, Lesions, CSF, Eyes, Urine, Tissue	Weekdays
<input type="checkbox"/> BK Virus Quantitative PCR	EDTA Plasma, Urine	Weekdays
<input type="checkbox"/> JC Virus Qualitative PCR	CSF	Daily
<input type="checkbox"/> CMV Quantitative PCR	EDTA Plasma	Weekdays
<input type="checkbox"/> CMV Qualitative PCR	BAL, Eyes, Vesicle fluid, Mouth, CSF	Daily
<input type="checkbox"/> HSV-1, HSV-2, VZV PCR	EDTA Plasma, Lesions, BAL, Eyes, Vesicle Fluid, Mouth, Ocular Fluid, Tissue, CSF	Daily
<input type="checkbox"/> Enterovirus PCR	CSF, faeces, tissue in sterile container, lesion swab, rectal swab	Daily
<input type="checkbox"/> EBV Quantitative PCR	EDTA Plasma	Weekdays
<input type="checkbox"/> EBV Qualitative PCR	CSF by special request	Weekdays
<input type="checkbox"/> Parechovirus PCR	CSF - Limited to Children < 5 Years	Daily
<input type="checkbox"/> Respiratory Virus Multiplex PCR <ul style="list-style-type: none"> Influenza A and B, RSV, Rhinovirus/Enterovirus, Seasonal coronavirus (OC43, NL63, 229E, HKU1), Metapneumovirus, Adenovirus, Sars-CoV-2 (COVID-19), Parainfluenza 1/3 	NP or Throat Swab in UTM, BAL, ETA	Daily
<input type="checkbox"/> Viral Enteric PCR <ul style="list-style-type: none"> Adenovirus, Norovirus I and II, Rotavirus 	Faeces in Sterile Container	Daily



Patient Summary		Specimen Summary	
Last Name		Referring Location (Submitter)	
First Name			
Date of Birth (dd/mm/yyyy)		Authorizing Provider	
		CPSO No.	
Bacteriology Culture and Molecular Tests (Select all that apply)			
Test	Recommended Specimen	Performed	
<input type="checkbox"/> Bacterial Enteric Multiplex PCR <ul style="list-style-type: none"> Salmonella Shigella/EIEC, Campylobacter, Yersinia, E. coli 0157, Shiga Toxin Producing E. coli. Culture added if PCR positive except for Campylobacter 	Faeces in Enteric Transport Medium, Copan Fecal Swabs	Daily	
<input type="checkbox"/> Bacterial Spinal Fluid Multiplex PCR <ul style="list-style-type: none"> Streptococcus pneumoniae, Listeria monocytogenes, Haemophilus influenzae, Neisseria meningitidis. If neonate addition of Group B Streptococcus and E. coli K1 Provide results for bacterial gram stain and culture For tissue, discuss specimen type with the microbiologist before sending. 	CSF	Daily	
<input type="checkbox"/> Bacterial Sterile Fluids / Tissue Multiplex PCR <ul style="list-style-type: none"> Streptococcus pneumoniae, Streptococcus pyogenes (GAS), Staph aureus, Streptococcus anginosus Joint: addition of Kingella kingae Provide results for bacterial gram stain and culture 	Sterile Body Fluids (synovial, pleural) Tissue in sterile container	Daily	
<input type="checkbox"/> Clostridioides difficile NAAT	Faeces in Sterile Container	Daily	
<input type="checkbox"/> Helicobacter pylori PCR and Molecular Detection of resistance to clarithromycin and fluoroquinolones <ul style="list-style-type: none"> Include previous treatment(s) in Additional Comments on Page 1. Patients should discontinue all antibiotics and PPI 2 weeks prior to biopsy 	Gastric Biopsy in Sterile Saline	Weekdays	
<input type="checkbox"/> Mycoplasma pneumoniae and Chlamydia pneumoniae PCR	NPS, ETA, BAL in Sterile Container	Daily	
<input type="checkbox"/> Trichomonas vaginalis NAAT	E-Swab Transport Medium	Daily	
<input type="checkbox"/> Bacterial Strain Typing (PFGE) – requires microbiologist approval	Pure growth on non-selective medium	Weekdays 2-3 days for result	
<input type="checkbox"/> M. tuberculosis PCR (Cepheid GeneXpert)	Sputum, BAL, Endotracheal aspirate	Daily	
Mycology Culture and Molecular Tests (Select all that apply)			
Test	Recommended Specimen	Performed	
<input type="checkbox"/> Pneumocystis jirovecii PCR	BAL, ETA, Sputum in Sterile Container	Daily	
<input type="checkbox"/> Candida Susceptibility Testing	Pure Isolates on non-selective media	Daily	
<input type="checkbox"/> Candida auris (Provide Travel History in Surveillance Additional Information Field on Page 1)	Swab from Groin, Axilla, Rectal, Nares	Daily	
<input type="checkbox"/> Cryptococcus neoformans/gattii Antigen Detection by Lateral Flow Assay	Serum & CSF	Daily	



LRC Microbiology Requisition

Virology, Bacteriology and Mycology Tests

Minimum Specimen Volumes and Transport Requirements Ship at room temperature unless otherwise indicated	
CSF	<ul style="list-style-type: none"> Bacterial or viral PCR: 250 µL min volume, transport at 2-8 °C Cryptococcal lateral flow: 2 mL (min of 0.5 mL) Transport within 48 hours of collection
Serum	<ul style="list-style-type: none"> Cryptococcal lateral flow 500 µL minimum volume
Whole blood (EDTA)	For EBV, CMV, BK PCR: <ul style="list-style-type: none"> 2x EDTA blood tubes. Must be spun and separated within 4 hours of collection If transport is delayed, centrifuge blood and freeze 1 mL plasma. Ship frozen.
Stool	<ul style="list-style-type: none"> Do not send formed stool for Viral or Bacterial Enteric PCR or <i>Clostridioides difficile</i> PCR
<i>H. pylori</i> tissue	<ul style="list-style-type: none"> Submit tissue in sterile container with sterile saline on sterile gauze. Freeze and ship on dry ice
Viral NPS/Swab	<ul style="list-style-type: none"> Use UTM transport media. Ship at room temperature or with ice packs
Trichomonas PCR	<ul style="list-style-type: none"> E-swab. Ship at 2-8 °C
<i>C. auris</i> surveillance	<ul style="list-style-type: none"> E-swab. Ship at 2-8 °C
Fluids	<ul style="list-style-type: none"> Sterile container minimum volume 500 µL. Ship at 2-8 °C

Shipping Address	Samples should be sent to:	The Laboratory Reference Centre Hamilton General Hospital Core Lab Level 1 A1-273 237 Barton Street Hamilton, ON L8L 2X2
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Contact Us

LRC Client Support
8 am – 4 pm, weekdays
 905-521-2100 x 46103
lrcclientsupport@hhsc.ca

Hamilton Health Sciences
 HGH Microbiology 905-527-4322 x 46147
 Daily, Open 24 Hours

St. Joseph's Healthcare
 SJH Virology 905-522-1155 x 33078
 Daily, 6:00 AM – 12:00 AM (midnight)

For new clients, please refer to: <https://www.hrlmp.org/lrc-hamilton> for information on initiating services and invoicing process.