

# Interior Health Microbiology Laboratory Test Directory

This document assists patients, healthcare practitioners and laboratory staff in understanding how to collect, order and transport microbiology tests. The most updated version is available online: <http://www.interiorhealth.ca/microbiology>

## Instructions:

To find information about a lab test, click the “Microbiology Tests” link for our comprehensive test menu. Alternatively, for an abbreviated menu of our most commonly ordered tests arranged by “source”, click the “Common Specimen Sources” link.

[Microbiology Tests](#)

[Common Specimen Sources  
\(Abbreviated Menu\)](#)

If you can't find the test you need this way, press Control (Ctrl) and “F” keys simultaneously on your keyboard to bring up a search bar, and type in the test and press enter.

If you still can't find what you need, phone your local IH laboratory for help.

**Note:** A printed copy of this document may not be the most current version.

## Microbiology Tests

For C&S (Culture and Sensitivity): Refer to [Bacterial Culture Menu](#)

For Specific Microbiology Tests:

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### A

[Acanthamoeba keratitis Culture](#)

[Adenovirus \(Non-Respiratory\)](#)

- Viral Load
- PCR

[Adenovirus \(Respiratory\)](#)

[African Trypanosomiasis Serology](#)

[American Trypanosomiasis \(Chagas\) Serology](#)

[Amoebiasis \(Entamoeba histolytica\)](#)

- Serology

[Anaplasma Serology](#)

[Anthrax \(Bacillus anthracis\) Culture](#)

[Anti-DNAse B Titre](#)

[Anti-Streptolysin O \(ASOT\)](#)

Aspergillus species:

- [Fungal culture](#)
- [Galactomannan antigen](#)

ARO/MDRO Screen:

- [Candida auris](#)
- [Carbapenemase Producing Organisms \(CPO\)](#)
- [Methicillin Resistant Staphylococcus aureus \(MRSA\)](#)
- [Vancomycin Resistant Enterococcus \(VRE\)](#)

### B

[Babesia Serology](#)

[Bacterial Culture](#)

[Bacterial vaginosis \(BV\)](#)

[Bacillus anthracis Culture \(Anthrax\)](#)

[Bartonella henselae \("Cat Scratch Disease"\)](#)

- PCR
- Serology



## Microbiology Tests

### BK Virus

- [< 18 years](#)
- [≥ 18 years](#)

### Blastomyces:

- [Culture](#)
- [Urine antigen](#)
- [Serology](#)

### [Bordetella pertussis NAAT](#)

### [Borrelia \(Lyme\)](#)

- PCR
- Serology

### [Borrelia hermsii](#)

- PCR
- Serology

### [Botulinum Toxin Detection](#)

### [Brucella \(Brucellosis\)](#)

- Culture
- Serology

### [Burkholderia pseudomallei](#)

- Culture
- Serology

## C

### [C&S](#)

### [California Encephalitis Virus Serology](#)

### [Candida auris Screen](#)

### [Carbapenemase producing organism \(CPO\) Screen](#)

### [Chagas- American Trypanosomiasis Serology](#)

### [Chancroid](#)

### [Chikungunya Virus](#)

- PCR
- Serology

### [Chlamydia pneumoniae](#)

### [Chlamydia psittaci NAAT](#)

### [Chlamydia/GC NAAT](#)

### [Clostridioides difficile \(C. difficile\)](#)

### [Clostridium botulinum Toxin Detection](#)

## Microbiology Tests

Coccidioides:

- [Culture](#)
- [Serology](#)
- [Urine Antigen](#)

[COVID-19](#)

[Coxiella \(Q Fever\) Serology](#)

[CPO \(Carbapenemase Producing Organism\) Screen](#)

[Cruetzfeldt-Jakob \(CJD\) CSF](#)

[CT/GC NAAT](#)

[Cryptococcal Antigen Screen](#)

Cytomegalovirus (CMV):

- [Serology](#)
- [PCR \(Pediatric\)](#)
- [PCR \(Adult\)](#)
- [Viral Load \(Adult\)](#)
- [Viral Load \(Pediatric\)](#)

## **D**

[Dengue Virus](#)

- PCR
- Serology

[Diphtheria \(\*Corynebacterium diphtheriae\*\)](#)

- Culture
- Serology (Immunity)

## **E**

[Entamoeba histolytica \(Amoebiasis\)](#)

[Ebola Virus](#)

- PCR
- Serology

Echinococcus:

- [Identification](#)
- [Serology](#)

[Ectoparasite Identification](#)

[Ehrlichia Serology](#)

[Enterobiasis \(Pinworm\) Identification](#)

[Enterovirus D68 NAAT](#)

[Enterovirus/Coxsackie NAAT](#)



## Microbiology Tests

Epstein-Barr Virus (EBV):

- [Serology](#)
- [PCR \(Adult\)](#)
- [PCR \(Pediatric\)](#)
- [Viral Load \(Adult\)](#)
- [Viral Load \(Pediatric\)](#)

[Expanded Respiratory Pathogen Panel](#)

### **F**

[Filaria Serology](#)

[Francisella \(Tularemia\)](#)

- Culture
- Serology

[Fungal Culture, Deep](#)

[Fungal Culture, Superficial](#)

### **G**

[Galactomannan Antigen](#)

[Genital Mycoplasma/Ureaplasma NAAT](#)

[Gonorrhea/Chlamydia NAAT](#)

[Group A Streptococcus \(Throat\)](#)

[Group B Streptococcus \(GBS\) Screen](#)

### **H**

[Hanta Virus](#)

- PCR
- Serology

[Haemophilus ducreyi NAAT](#)

Helicobacter pylori

- [Culture](#)
- [Serology](#)
- [Stool Antigen](#)

[Hepatitis](#)



## Microbiology Tests

### Herpes Simplex Virus (HSV)

- [Biopsy/Body Fluid/Bronchial Wash PCR](#)
- [Genital/Face/Skin PCR](#)
- [CSF PCR](#)
- [Serology IgG](#)
- [Serum PCR \(neonates < 30 days\)](#)

### [Herpes "B" Virus](#)

- PCR
- Serology

### Histoplasma:

- [Culture](#)
- [Urine antigen](#)
- [Serology](#)

### [Human immunodeficiency virus \(HIV\)](#)

### [HTL \(Human T Lymphotropic\) Virus I/II](#)

- PCR
- Serology IgG

### [Human herpesvirus-6\(HHV-6\) NAAT](#)

### [Human herpesvirus-8\(HHV-8\) NAAT](#)

## I

### [Infectious Diarrhea Panel](#)

### [Influenza/COVID/RSV](#)

## J

### [Japanese Encephalitis Serology](#)

### [JC Virus NAAT](#)

## K

## L

### [Legionella](#)

- Urine antigen
- Serology
- [PCR](#)



## Microbiology Tests

### Leishmania

- PCR
- Serology

### Leptospira

- PCR
- Serology

### Lice Exam

### Lyme Disease (Borrelia)

### Lymphocytic Choremeningitis Virus

## **M**

### Magpix

### Malaria

### Measles

- Serology
- PCR

### Meningococcal Antibody Titre

### MERS-CoV Coronavirus NAAT

### Molecular Meningitis/Encephalitis Panel

### Molecular Vaginitis Panel

### Molluscum contagiosum

### Mpox (Monkeypox) Virus NAAT

### MRSA Screen

### Mumps

- Serology
- PCR

### Mycobacterium/ TB

### Mycoplasma pneumoniae

### Mycoplasma/Ureaplasma (Genital) NAAT

## **N**

### Nasal Screen- S. aureus (pre-surgical)

### Neisseria meningitidis NAAT (Blood)

### Norovirus

## **O**

### Ova & Parasite



## Microbiology Tests

### **P**

[Paracoccidioides Serology](#)

[Paragonimus Serology](#)

Parasite Identification:

- [Acanthamoeba](#)
- [Stool Manual Exam](#)
- [Stool Pathogen PCR Panel](#)
- [Lice Exam](#)
- [Tick Identification](#)
- [Urine \(Shistosoma\)](#)
- [Worm Identification](#)

[Parechovirus NAAT](#)

[Parvovirus B19](#)

- Serology

[Pediculosis \(Lice\) Identification](#)

[Pertussis NAAT](#)

[Pinworm Exam](#)

[Pneumocystis jirovecii \(PJP\) NAAT](#)

[Polio Virus NAAT](#)

[Pre-surgical S. aureus Nasal Screen](#)

### **Q**

[Q fever \(Coxiella\) Serology](#)

### **R**

[Rabies](#)

[Respiratory Pathogen Panel](#)

[Rickettsia rickettsii \(Rocky Mountain\) Serology](#)

[Rickettsia typhi \(Typhus Fever\) Serology](#)

[Rabies Virus](#)

- PCR
- Serology

[RSV/Influenza/COVID-19](#)

[Rubella](#)

- Serology
- PCR



## Microbiology Tests

### **S**

[Scabies Exam](#)

Schistosoma:

- [Serology](#)
- [Hatch Test](#)

[Shigatoxin](#)

[Stool bacterial/parasite/virus PCR](#)

[Stool Clostridioides difficile \(C. difficile\) Toxin](#)

[Stool Exclusion Testing](#)

[Stool Parasitology- High Risk](#)

[Streptococcal Infection Serology](#)

[Strongyloides](#)

- Identification
- Serology

[Syphilis \(Treponema\)](#)

- VDRL CSF
- Nucleic Acid (NAT)
- Serology

[STI Molecular Testing](#)

### **T**

[Taenia solium Serology](#)

[TB/Mycobacteria](#)

[Tetanus Serology](#)

[Tick Identification](#)

[Throat C&S/ NAAT Group A Strep](#)

[Toxocara Serology](#)

[Toxoplasma](#)

[Trichinella Serology](#)

[Trichomonas Molecular Testing](#)

[Tropheryma \(Whipple's Disease\)](#)

[Trypanosoma \(African\) Serology](#)

[Trypanosoma \(Chagas\) Serology](#)

[Tularemia](#)

- Culture
- Serology



## Microbiology Tests

### **U**

[Ureaplasma/Mycoplasma \(Genital\) NAAT](#)

### **V**

[Vaginal Culture, < 14 years or > 59 years](#)

[Vagina, 14-59 years \(Molecular Vaginitis Panel\)](#)

[Vaginal Culture, Relevant Diagnosis](#)

[Vaginal Culture, Azole Failure](#)

Varicella zoster virus (VZV)

- [Genital/Face/Skin PCR](#)
- [CSF PCR](#)
- [Serology](#)

[Verotoxin/ Shigatoxin PCR](#)

[VRE Screen](#)

### **W**

[Water Sterility](#)

[West Nile Virus \(WNV\)](#)

- PCR
- Serology

[Whipple's Disease \(Tropheryma whipplei\) NAAT](#)

[Worm Identification](#)

### **X**

### **Y**

[Yellow Fever Serology](#)

[Yersinia pestis \(Plague\)](#)

- Culture
- Serology

### **Z**

[Zika Virus](#)

- PCR
- Serology

## Bacterial Culture Orders:

[Abscess Culture, Deep](#)

[Abscess Culture, Superficial](#)

[Biopsy Culture](#)

[Blood Culture](#)

[Body Fluid Culture](#)

[Bone Marrow](#)

[Bronchial Brush Culture](#)

[Bronchial Lavage/Wash Culture](#)

[Catheter Site \(Non-Vascular\)](#)

[Catheter Site \(Vascular\)](#)

[Catheter Tip/Line Culture](#)

[Cervix Culture](#)

[CSF Culture](#)

[Dialysis Fluid Culture](#)

[Drainage Culture](#)

[Ear Culture](#)

[Eye Culture, Deep](#)

[Eye Culture, Superficial](#)

[Gastric Biopsy Culture](#)

[Genital Culture](#)

[Gonorrhoea Culture](#)

[Medical Device Culture](#)

[Mouth Culture](#)

[Nasal Culture](#)

[Placental Culture](#)

[Sputum Culture](#)

[Throat Culture](#)

[Tissue Culture](#)

[Urine Culture](#)

[Vaginal Culture, < 14 or > 59 years](#)

[Vaginal Culture, Relevant Diagnosis](#)

[Wound, Deep](#)

[Wound, Superficial](#)

## Commonly Ordered Microbiology Sources:

<a href="#"><u>Abdominal (GI) fluid</u></a>	<a href="#"><u>Implanted Device</u></a>
<a href="#"><u>Abscess, Deep</u></a>	<a href="#"><u>Joint (Synovial) Fluid</u></a>
<a href="#"><u>Abscess, Superficial</u></a>	<a href="#"><u>Mouth</u></a>
<a href="#"><u>Amniotic Fluid</u></a>	<a href="#"><u>Nail</u></a>
<a href="#"><u>Ascites</u></a>	<a href="#"><u>Nasal</u></a>
<a href="#"><u>Blood</u></a>	<a href="#"><u>Nasopharynx</u></a>
<a href="#"><u>Blood products</u></a>	<a href="#"><u>Parasite</u></a>
<a href="#"><u>Bone</u></a>	<a href="#"><u>Pericardial Fluid</u></a>
<a href="#"><u>Bronchial Lavage/Wash</u></a>	<a href="#"><u>Peritoneal Fluid</u></a>
<a href="#"><u>Bursa Fluid</u></a>	<a href="#"><u>Peritoneal Dialysis Fluid</u></a>
<a href="#"><u>Cardiac Implanted Device</u></a>	<a href="#"><u>Pleural Fluid/Empyema</u></a>
<a href="#"><u>Catheter Site (Non-Vascular)</u></a>	<a href="#"><u>Prosthetic Device</u></a>
<a href="#"><u>Catheter Site (Vascular)</u></a>	<a href="#"><u>Prosthetic Joint Fluid</u></a>
<a href="#"><u>Catheter Tip (Vascular)</u></a>	<a href="#"><u>Prosthetic Joint Tissue</u></a>
<a href="#"><u>Cervix</u></a>	<a href="#"><u>Rectal/Perianal/Anal</u></a>
<a href="#"><u>Chest (Pleural) Fluid</u></a>	<a href="#"><u>Skin Scrapings</u></a>
<a href="#"><u>Contact Lens</u></a>	<a href="#"><u>Sputum</u></a>
<a href="#"><u>Corneal Scrapings</u></a>	<a href="#"><u>Stool</u></a>
<a href="#"><u>CSF</u></a>	<a href="#"><u>Synovial Fluid</u></a>
<a href="#"><u>Dialysate Fluid</u></a>	<a href="#"><u>Throat</u></a>
<a href="#"><u>Drainage, existing drain</u></a>	<a href="#"><u>Tissue</u></a>
<a href="#"><u>Ear</u></a>	<a href="#"><u>Urethra</u></a>
<a href="#"><u>Endotracheal/ Endobronchial aspirate</u></a>	<a href="#"><u>Urine</u></a>
<a href="#"><u>Eye, deep/surgical</u></a>	<a href="#"><u>Vagina, &lt; 14 or &gt; 59 years</u></a>
<a href="#"><u>Eye, conjunctiva</u></a>	<a href="#"><u>Vagina, 14- 59 years</u></a>
<a href="#"><u>Genital Ulcer</u></a>	<a href="#"><u>Vitreous Fluid</u></a>
<a href="#"><u>Hair</u></a>	

## Abdominal (GI) Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Abscess, Deep

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Abscess, Superficial

[Culture and Sensitivity](#)

## Amniotic Fluid

[Culture and Sensitivity](#)

[TB/Mycobacteria Culture](#)

## Ascites

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Blood

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Blood products

[Transfusion Reaction Culture](#)

## Bone

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Bronchial Lavage/Wash

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

[COVID/Influenza/RSV](#)

[Expanded Respiratory Pathogen Panel](#)

[Mycobacterium PCR](#)

[Pneumocystis jirovecii \(PJP\) PCR](#)

## Bursa Fluid

[Culture and Sensitivity](#) (Collected in OR or DI)

[Culture and Sensitivity](#) (Collected in ED, inpatient ward or outpatient location)

[Fungal Culture](#)

## Cardiac Implanted Device

[Culture and Sensitivity](#)

## Catheter Site (Non-Vascular)

[Culture and Sensitivity](#)

## Catheter Site (Vascular)

[Culture and Sensitivity](#)

[MRSA Screen- IV Insertion Site](#)

[CPO Outbreak/Exposure Screen](#)

## Catheter Tip (Vascular)

[Culture and Sensitivity](#)

## Cervix

[Culture and Sensitivity](#)

[Gonorrhea Culture](#)

[Chlamydia and Gonorrhea NAAT](#)

[Trichomonas NAAT](#)

## Chest (Pleural) Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Contact Lens

[Culture and Sensitivity](#)

[Acanthamoeba keratitis Culture](#)

## Corneal Scrapings

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

[Acanthamoeba keratitis Culture](#)

## CSF

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

[Molecular Meningitis/Encephalitis Panel](#)

[Cryptococcal antigen Screen](#)

## Dialysate Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Drainage, Existing Drain

[Culture and Sensitivity](#)

## Ear

[Culture and Sensitivity](#)

[Fungal Culture](#)

## Endotracheal/ Endobronchial aspirate

[Culture and Sensitivity](#)

[COVID/Influenza/RSV](#)

[Expanded Respiratory Pathogen Panel](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Eye, deep/surgical

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

[Acanthamoeba keratitis Culture](#)

## Eye, conjunctiva/superficial

[Culture and Sensitivity](#)

[Chlamydia trachomatis NAAT](#)

[Gonorrhea Culture](#)

[Herpes Simplex Virus \(HSV\) NAAT](#)

[Varicella Zoster Virus](#)

## Genital Ulcer

[Herpes Simplex Virus \(HSV\) NAAT](#)

[Mpox \(Monkeypox\) Virus NAAT](#)

[Syphilis NAAT](#)

[Chancroid \(H. ducreyi\)](#)

[Lymphogranuloma venereum \(LGV\)](#)

## Hair

[Fungal Culture](#)

[Pediculosis \(Lice\) Identification](#)

## Implanted Device

[Culture and Sensitivity](#)

## Joint (Synovial) Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Mouth

[Fungal Culture](#)

## Nail

[Fungal Culture](#)

## Nasal

[Culture and Sensitivity](#) (Collected in OR or DI)

[Screen for \*S. aureus\*](#)

[Fungal Culture](#)

## Nasopharynx

[COVID/Influenza/RSV](#)

[Expanded Respiratory Pathogen Panel](#)

## Parasite

[Worm Identification](#)

[Pediculosis \(Lice\) Identification](#)

[Pinworm \(Enterobiasis\) Exam](#)

[Scabies Exam](#)

[Tick \(Ectoparasite\) Identification](#)

## Pericardial Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Peritoneal Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Peritoneal Dialysis Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Pleural Fluid/ Empyema

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Prosthetic Device

[Culture and Sensitivity](#)

## Prosthetic Joint Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Prosthetic Joint Tissue

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Rectal/Perianal/Anal

[Carbapenemase producing organism \(CPO\) Screen](#)

[Chlamydia and Gonorrhea NAAT](#)

[Gonorrhoea Culture](#)

[Herpes Simplex Virus \(HSV\) NAAT](#)

[Pinworm \(Enterobiasis\) Identification](#)

[Vaginal/Rectal GBS Screen](#)

## Skin Scrapings

[Fungal Culture](#)

## Sputum

[Culture and Sensitivity](#)

[COVID/Influenza/RSV](#)

[Expanded Respiratory Pathogen Panel](#)

[TB/Mycobacteria Culture](#)

[Mycobacterium tuberculosis PCR](#)

## Stool

[Infectious Diarrhea PCR Panel \(bacteria/Cdif/virus/parasite\)](#)

[Carbapenemase producing organism \(CPO\) Screen](#)

[Clostridioides difficile toxin](#)

[Helicobacter pylori stool antigen](#)

[Norovirus PCR](#)

[Stool Parasitology- High Risk](#)

## Synovial Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Throat

[Group A Streptococcus \(S. pyogenes\) Detection](#)

[Chlamydia and Gonorrhea NAAT](#)

[COVID/Influenza/RSV](#)

[Expanded Respiratory Pathogen Panel](#)

[Gonorrhea Culture](#)

## Tissue

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

## Urethra

[Culture and Sensitivity](#)

[Chlamydia and Gonorrhea NAAT](#)

[Gonorrhea Culture](#)

[Mycoplasma/Ureaplasma NAAT](#)

## Urine

[Culture and Sensitivity](#)

[Carbapenemase producing organism \(CPO\) Screen](#)

[Chlamydia and Gonorrhea NAAT](#)

[Mycoplasma/Ureaplasma NAAT](#)

[TB/Mycobacteria Culture](#)

[Trichomonas NAAT](#)

## Vagina, <14 or >59 years

[Culture and Sensitivity](#)

[Chlamydia and Gonorrhea NAAT](#)

[Vaginal/Rectal GBS Screen](#)

[Genital Mycoplasma/Ureaplasma NAAT](#)

[Trichomonas NAAT](#)

## Vagina, 14- 59 years

[Molecular Vaginitis Panel \(Bacterial vaginosis, yeast, trichomonas\)](#)

[Chlamydia and Gonorrhea NAAT](#)

[Vaginal/Rectal GBS Screen](#)

[Genital Mycoplasma/Ureaplasma NAAT](#)


[Trichomonas NAAT](#)

## Vitreous Fluid


[Culture and Sensitivity](#)

[Fungal Culture](#)




[TB/Mycobacteria Culture](#)


<b>Abscess, Deep</b> Includes: fluid and aspirate specimens	
Ordering (clinical)	<b>Fluid/Aspirate C&amp;S- Abscess</b>
Testing information	Gram smear and culture, including aerobes and anaerobes.
Specimen collection	Sterile screw top container.  Aspirated pus. Submit as much specimen as possible. Do not submit in a syringe.  Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: Urgent, ≤ 3 hours Culture: 5 days
Information for lab staff	Order: <b>CUABSCSSD</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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Abscess, Superficial	
Ordering (clinical)	<b>Wound C&amp;S- Abscess/Pus (Swab)</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Swab in clear transport media.</p>  <p>Cleanse site, wiping away any surface exudate with sterile saline. Pass swab deep into lesion, firmly sampling the advancing margin.</p> <p>Transport to lab with 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	If deep abscess with enough pus to aspirate, collect in a sterile container –see <a href="#">Abscess, Deep</a> .
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram Smear: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p>Order: <b>CUABSCCESS</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Acanthamoeba keratitis Culture	
Ordering (clinical)	<b>Parasite-Acanthamoeba</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Acanthamoeba keratitis Culture"</p> <p><u>Contact Lenses</u>: Submit in sterile screw top container</p>  <p><u>Corneal Biopsy</u>- Sterile screw top container with slightly moistened surgical gauze</p>  <p><u>Contact Lens Solution</u>: Submit in contact lens solution bottle</p> <p><u>Corneal Scrapings</u>: Inoculate directly onto pre-lawned non-nutrient agar plates (supplied by BCCDC, via IH- see special considerations section). Additionally, 2 corneal swabs are also required: 1 eSwab and 1 flocked swab, inoculated into phosphate buffered saline).</p>  <p>BCCDC_Instructions_for_Acanthamoeba</p> <p><b>DO NOT REFRIGERATE- TRANSPORT AT ROOM TEMPERATURE.</b></p>
Requisition	<a href="#">Parasitology Requisition (elabhandbook.info)</a>
Special considerations	Corneal Scrapings: Contact your local IH microbiology laboratory at least 48 hours prior to collection to obtain specialized media and slides (IH lab must contact BCCDC). Specimen is collected surgically and inoculated directly to culture media at patient bedside.
Test performed at	BCCDC
Information for lab staff	<p><b>ACANTHAMOEBA</b></p> <p>Specialized media must be obtained from BCCDC prior to specimen collection- refer to MB 0007 Handling Acanthamoeba Cultures Procedure.</p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>




Adenovirus (Non-Respiratory Sources)	
Ordering (clinical)	PCR: <b>Adenovirus PCR (XSP)</b>
	Viral Load: <b>Adenovirus Viral Load (XCW)</b>
Specimen collection	<p><u>PCR:</u> For NP swabs, refer to <a href="#">Expanded Respiratory Pathogen Panel</a></p> <p>For other specimens, consult IH Microbiologist. Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a> – "PCR Amplification PHC"</p> <p><u>Viral Load:</u> Blood- Red top vacutainer (no additive)</p>  <p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Adenovirus Viral Load"</p>
Requisition	<u>Viral Load:</u> <a href="#">CW Lab Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	<p>PCR: St. Paul's (XSP)</p> <p>Viral Load: BC Children's and Women's (XCW)</p>
Information for lab staff	PCR: <b>ADENOPCR</b>
	Viral Load: <b>ADENOVL</b>
	<p>Storing, Packaging and Transport:</p> <p><u>PCR:</u> Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a></p> <p><u>Viral Load:</u> Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>


African Trypanosomiasis Serology	
Ordering (clinical)	<b>Trypanosoma (African) Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “African Trypanosomiasis Serology”
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>TRYPANS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Anaplasma Serology	
Ordering (clinical)	<b>Anaplasma Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “Anaplasma Serology”
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b> In first week of illness, PCR may be more sensitive, consult microbiologist.
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>ANAPLAS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Anthrax ( <i>Bacillus anthracis</i> ) Culture	
Ordering (clinical)	<b>Bacillus anthracis Culture</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “Anthrax”</p> <p><b>Sputum:</b> Collect &gt; 1 mL of a lower respiratory specimen in a sterile screw top container.</p>  <p><b>Feces:</b> Collect specimen in a sterile screw cap container.</p>  <p><b>Skin Lesion:</b> Collect 2 Amies charcoal swabs.</p> <p>Vesicular stage: Aseptically collect vesicular fluid on sterile swabs from previously unopened vesicles.</p> <p>Eschar stage: Collect eschar material by carefully lifting the eschar's outer edge, insert a sterile swab then slowly rotate for 2-3 seconds beneath the edge of the eschar without removing it.</p> 
Requisition	<a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special considerations	<p><b>**Potential Biosafety Hazard**</b></p> <p><b>Clinician must call IH Microbiologist for approval.</b></p> <p><b>Include any relevant travel / exposure history.</b></p> <p>Culture is performed in a Level 3 Laboratory.</p>
Test performed at	BCCDC
Information for lab staff	<p>Order: <b>BACANTC</b></p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Note:</b> Culture isolates require TDG A shipping</p>

Babesia Serology	
Ordering (clinical)	<b>Babesia Serology</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “Babesia Serology”</p> <p><u>Clotted Blood</u>: SST (gold top). Allow to clot at room temperature.</p>  <p><u>Serum</u>: Sterile container</p>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p><b>Include any relevant travel history.</b></p> <p><b>Note:</b> Serology will only be performed after smears are negative from 3 different collection dates.</p> <p>Serology is not as sensitive as microscopy and PCR. Consult hematology/pathology for smear and microbiology for PCR.</p>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	<p>Order: <b>BABESS</b></p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>

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Bartonella henselae (“Cat-scratch disease”)	
Ordering (clinical)	Serology: <b>Bartonella henselae serology</b>
	PCR: <b>Bartonella henselae PCR</b>
Specimen collection	<p>Refer to BCCDC’s eLab Handbook: <a href="#">eLab Handbook</a> – “Cat-scratch Disease”</p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b> Serum: Sterile container. Serum may be separated from clotted blood.</p> <p><u>PCR:</u> Blood: EDTA</p>  <p><b>OR</b> Sterile fluid: Submit in sterile screw top container</p> 
Requisition	<p>Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a></p> <p>PCR: <a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a></p>
Special considerations	
Test performed at	BCCDC
Information for lab staff	Serology: <b>BARTOS</b>
	PCR: <b>BARTOSPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC’s eLab Handbook: <a href="#">eLab Handbook</a>

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Biopsy Culture	
Ordering (clinical)	<b>Biopsy C&amp;S</b>
Testing information	Gram smear and culture.
Specimen collection	<p>Sterile screw top container.</p>  <p>Submit surgically collected biopsy in a small amount of sterile saline.</p> <p>*Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.</p>
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram Smear: STAT, ≤ 1 hour</p> <p>Culture: 5-10 days</p>
Information for lab staff	<p>Order: <b>CUBIOPSY</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>


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BK Virus (patient < 18 years)	
Ordering (clinical)	Serology: N/A
	PCR: <b>BKV PCR Pediatric</b>
	Viral Load: <b>BKV Viral Load Pediatric</b>
	<b>Note:</b> If patient is being followed by Alberta Health Services, order <b>BKV PCR/Viral Load (Calgary)</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "BK Virus"  *For blood, collect in a dedicated tube*
Requisition	<a href="#">CW Lab Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Serology: N/A
	PCR: <b>BKVPCRPEDS</b>
	Viral Load: <b>BKVVLPED</b>
	<b>Note:</b> if patient is being followed by Alberta Health Services, order <b>BKVPCRFB</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> .  Store and transport at 2-8°C.

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BK Virus (patient ≥ 18 years)	
Ordering (clinical)	Serology: N/A
	PCR: <b>BKV PCR Adult</b>
	Viral Load: <b>BKV Viral Load Adult</b>  <b>Note:</b> if patient is being followed by Alberta Health Services, order <b>BKV PCR/Viral Load (Calgary)</b>
Specimen Collection	Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a> – "Polyomavirus"  *For blood specimens, collect in a dedicated tube*
Requisition	<a href="#">Providence Health Virology Requisition</a>
Special Considerations	
Test Performed at	St. Paul's Hospital
Information for Lab Staff	Serology: N/A
	PCR: <b>BKVPCRADULT</b>
	Viral Load: <b>BKVVLADULT</b>  <b>Note:</b> if patient is being followed by Alberta Health Services, order <b>BKVPCRFH</b>
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a>  Blood: Freeze at -20°C. Send frozen.

<b>Blastomyces</b>	
Ordering (clinical)	Serology: <b>Blastomyces Serology</b>
	Urine Antigen: Contact IH Microbiologist
	Culture: refer to <a href="#">Fungal Culture, Deep</a>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – Blastomyces Serology (Antigen)"
	<p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b> Serum: Sterile container. Serum may be separated from clotted blood.</p> <p><b>OR</b> CSF: Collect in sterile screw top container.</p> 
	<p><u>Urine Antigen:</u> Submit in sterile screw cap container.</p> 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<p><b>**Potential Biosafety Hazard** Consult microbiologist if submitting specimens for culture.</b></p> <p><b>Include any relevant travel history.</b></p>
Test Performed at	Reference lab via BCCDC
Information for Lab Staff	Serology: <b>BLASTOS</b>
	Urine Antigen: <b>BLASTOUA</b>
	Culture: refer to <a href="#">Fungal Culture, Deep</a>
	<p>Store and transport refrigerated.</p> <p>Urine: Freeze if &gt; 2 days in transport.</p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>

Blood Culture	
Ordering (clinical)	<p>Adult: <b>Blood C&amp;S- Venipuncture</b></p> <p>Adult Line Collection: <b>Blood C&amp;S- Line Collection</b></p> <p>Pediatric: <b>Blood C&amp;S- Pediatric</b></p>
Specimen collection	<p>Bottles are stored at room temperature and protected from light.</p>  <p><u>Adults</u>: Collect 2 sets concurrently from one venipuncture site. Each set consists of one AEROBIC (O2) and one ANAEROBIC (ANO2) bottle. Collect in this order: O2/ANO2/O2/ANO2. Optimal volume per bottle is 8-10mL. If less than 3mL, put entire collection into a "Pediatric" bottle.</p> <p><u>Line Collection</u>: Collect 1 set from line (i.e. one AEROBIC and one ANAEROBIC bottle). Collections from indwelling vascular line <b>MUST</b> be paired with an additional set drawn peripherally (venipuncture). Arterial line collections are suboptimal.</p> <p><u>Pediatric</u>: Follow published guidelines for pediatric blood culture volumes: <a href="http://labqms.com">07 Collecting a Blood Sample for Blood Culture Procedure (labqms.com)</a></p> <p>*Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.</p>
Special considerations	<p>Collection of more than 2 sets (4 bottles) from an adult patient in a 24 hour period (including endovascular infections/ endocarditis) is not needed given current detection method and requires approval by IH Microbiologist.</p> <p>Routine blood culture and incubation detect the majority of infections, however if culture negative endocarditis suspected, contact the IH Microbiologist on call.</p>
Guidance document	<ul style="list-style-type: none"> <li>• <a href="#">Best Practices for Bacterial Blood Culture- for Clinicians</a></li> <li>• <a href="#">Blood Specimen Collection - Nursing Toolkit (interiorhealth.ca)</a></li> <li>• <a href="#">Collecting a Blood Sample for Blood Culture Procedure</a></li> </ul>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Blood cultures are continuously monitored and all positive results are phoned.</p> <p>Routine: 5 days</p> <p>Prosthetic cardiac device/valve implant: 14 days</p>



## Blood Culture cont'd

Information for lab staff

Adult: **CUBLOOD**


*Note: If only Pediatric bottle(s) are collected, use order CUBLOODP*

Adult Line Collection: **CUBLOODLINE**


Pediatric: **CUBLOODP**

Transport: TDG B packaging to microbiology lab within 12 hours.



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Body Fluid Culture, Sterile	
Ordering (clinical)	Collected from sterile aspiration or newly inserted catheter or stent. Operating Room: <b>OR Fluid/Aspirate C&amp;S</b> DI/ED/Inpatient Ward: <b>Fluid/Aspirate C&amp;S</b>
Testing information	Gram smear and culture, including aerobes and anaerobes.
Specimen collection	<p>Sterile screw top container.</p>  <p>Submit minimum 2 mL for bacterial culture (maximum 50 mL).</p> <p>*Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.</p>
Special considerations	<p><b>Swabs are suboptimal and are not recommended.</b></p> <p>If existing catheter drain or stent, refer to <a href="#">Drainage Culture</a>. If fungal testing required, refer to <a href="#">Fungal Culture, Deep</a>. If Mycobacteria testing required, refer to <a href="#">Mycobacterium Culture</a>.</p>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: STAT, ≤ 1 hour Culture: 5-10 days
Information for lab staff	<p>Order:</p> <p>Operating Room: <b>CUORFLUID</b> DI/ED/Inpatient Ward: <b>CUFLUID</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Bone Marrow	
Ordering (clinical)	<b>Bone Marrow C&amp;S</b>
Testing information	Gram smear and culture, including aerobes and anaerobes.
Specimen collection	<p>Sterile screw top container or pediatric blood culture bottle.</p>  <ul style="list-style-type: none"> <li>• If greater than 1 mL fluid collected, aseptically inoculate 1 mL into pediatric blood culture bottle and transfer remainder of specimen in a sterile screw cap container</li> <li>• If less than 1 mL obtained, aseptically inoculate entire specimen into pediatric blood culture bottle.</li> </ul> <p>*Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.</p>
Special considerations	Provide any relevant travel/ exposure history. Consult IH Microbiologist if Brucella suspected.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: STAT, ≤ 1 hour Culture: 5 days
Information for lab staff	Order: <b>CUBONEMAR</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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Bordetella Pertussis NAAT	
Ordering (clinical)	<b>Pertussis (Whooping Cough)</b>
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “Pertussis NAT CWH”.</p> <p><u>Nasopharyngeal washing, Tracheal aspirate or Bronchoalveolar lavage</u>: Submit in sterile screw cap container</p>  <p><u>Nasopharyngeal</u>: Submit COPAN green top eSwab</p> 
Requisition	<a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special considerations	
Test Performed at	BCCDC
Information for Lab Staff	Order: <b>PERTUSSIS</b>
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

<b>Borrelia hermsii</b>	
Ordering (clinical)	Serology: <b>Borrelia hermsii Serology</b>
	PCR: <b>Borrelia hermsii PCR</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “Relapsing Fever”
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test Performed at	BCCDC
Information for Lab Staff	Serology: <b>BORRISHS</b>
	PCR: <b>BORRISHSPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Brucella (Brucellosis) Identification	
Ordering (clinical)	Serology: <b>Brucella Serology</b>
	PCR: N/A
	Culture: <b>Brucella Culture</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a> Culture: <a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special Considerations	<b>**Potential Biosafety Hazard**</b> Culture: <b>Clinician must call IH Microbiologist for approval</b>  <b>Include any relevant travel history.</b>
Test Performed at	BCCDC
Information for Lab Staff	Serology: <b>BRUCES</b>
	PCR: N/A
	Culture: <b>BRUCESC</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>


Burkholderia (Melioidosis) Identification	
Ordering (clinical)	Serology: <b>Burkholderia Serology</b>
	PCR: Contact IH Microbiologist
	Culture: <b>Burkholderia pseudomallei Culture</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Melioidosis"
Requisition	Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a> Culture: <a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special Considerations	<b>**Potential Biosafety Hazard**</b> Culture: <b>Clinician must call IH Microbiologist for approval</b> PCR: Only available at NML (National Microbiology Lab) on special request <b>Include any relevant travel history.</b>
Test Performed at	BCCDC
Information for Lab Staff	Serology: <b>BRUCES</b>
	PCR: <b>ST</b> if approved by microbiologist
	Culture: <b>BURKHSC</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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California Encephalitis Virus Serology	
Ordering (clinical)	<b>CaliforniaEncep Virus Serology</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<b>Include any relevant travel history.</b>
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Order: <b>CEVS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Candida auris Screen	
Ordering (clinical)	<b>ARO C. auris Groin/Axilla</b>
Testing information	Screening culture for Candida auris
Specimen collection	<p>Swab in clear transport media.</p>  <p>Use 1 sterile swab for both axilla (swipe back and forth in each crease 5 times per axilla) then with same swab, rub both sides of the swab over each groin targeting the inguinal crease (swipe back and forth 5 times per groin).</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	Initiate Contact PLUS precautions for patients screened (single room with dedicated equipment required).
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	<p>Order: <b>CUCANAUR</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Carbapenemase Producing Organism (CPO) Screen	
Ordering (clinical)	Rectal or Stool: <b>ARO CPO Rectal</b> Outbreak or exposure investigation ( <u>as directed by Infection Control</u> ): <b>ARO CPO Xposure</b>
Testing information	Screening culture for Carbapenemase producing organisms
Specimen collection	<p><b>Rectal:</b> Swab in clear transport media.</p>   <p>Insert 3-4 cm into rectum and gently rotate</p> <p><b>Stool:</b> Sterile screw top container</p>  <p>Collect specimen into clean, dry container, then transfer to sterile screw top container. Stool is specimen of choice if patient is a neonate or a febrile neutropenic patient.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	Initiate Contact PLUS precautions for patients screened.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	Rectal: <b>CUCPORECTAL</b> Exposure: <b>CUCPOOUTBREAK</b> Transport: TDG B packaging to microbiology lab within 12 hours.

<b>Catheter Site Culture (Non-Vascular)</b> Includes: peritoneal, pigtail, Tenckhoff, Axiom, chest, feeding (PEG), G or J tube, Hemovac, Malecot, Penrose, Saratoga, T-tube (biliary).	
Ordering (clinical)	<b>Catheter Site (Non-Vascular) C&amp;S</b>
Testing information	Gram smear and aerobic culture
Specimen collection	Swab in clear transport media.  Transport to lab with 12 hours. Refrigerate specimen (4°C).
Special considerations	<b>Note:</b> Submit swab of catheter site only, do not submit actual device as it is not appropriate for culture and will not be processed.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: ≤ 24 hours Culture: ≤ 48 hours
Information for lab staff	Order: <b>CUCATHSITEN</b> Transport: TDG B packaging to microbiology lab within 12 hours.


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Catheter Site Culture (Vascular)	
Includes: arterial, Broviac, central line, CVP, hemodialysis, Hickman, jugular, PICC, subclavian	
Ordering (clinical)	<b>Catheter Site (Vascular) C&amp;S</b>
Testing information	Gram smear and aerobic culture
Specimen collection	Swab in clear transport media.  Transport to lab with 12 hours. Refrigerate specimen (4°C).
Special considerations	If vascular catheter infection suspected and catheter is removed, ensure blood culture is taken at time of catheter removal. Refer to <a href="#">Catheter Tip/Line Culture</a> .
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: ≤ 24 hours Culture: ≤ 48 hours
Information for lab staff	Order: <b>CUCATHSITE</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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Catheter Tip/Line Culture	
Includes: arterial, Broviac, central line, CVP, hemodialysis, Hickman, jugular, PICC, subclavian	
Ordering (clinical)	Non-Vascular: No testing done- not suitable for culture Vascular: <b>Catheter Tip (Vascular) C&amp;S</b>
Testing information	Semi-quantitative culture.
Specimen collection	<p>Submit in sterile screw top container.</p>  <p>Clip no more than 5cm off the distal tip of catheter using sterile scissors.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<b>Note:</b> Accurate interpretation of catheter tip culture is best if concurrent blood culture is taken at time of line removal.
Guidance document	Not applicable
Test performed at	IH Microbiology Laboratories
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	Order (Vascular): <b>CUIVLINE</b> Transport: TDG B packaging to microbiology lab within 12 hours.



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Cervix Culture (Non-CT/GC Cervicitis)	
Ordering (clinical)	<b>Cervix C&amp;S- Relevant Diagnosis</b>
Testing information	<p>Gram smear and aerobic culture</p> <p><b>Note:</b> For Chlamydia and Gonorrhea, refer to <a href="#">Chlamydia and Gonorrhea- Sexually Transmitted Infection (STI) Molecular Testing</a></p>
Specimen collection	<p>Swab in clear transport media.</p>  <p>Visualize the cervix using a speculum without lubricant. Remove mucus and secretions from the cervix with a swab and discard the swab. Firmly, yet gently, sample the endocervical canal with a newly obtained sterile swab.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	
Guidance document	<p><a href="#">Vaginitis and Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions</a></p> <p><a href="#">Vaginitis and Sexually Transmitted Infection Testing- Okanagan Region</a></p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram smear: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p><b>CUCERVIX</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>





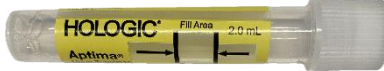

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Chagas- American Trypanosomiasis Serology	
Ordering (clinical)	<b>Trypanosoma (Chagas) Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Serology: <b>TRYPACS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Chikungunya virus</b>	
Ordering (clinical)	Serology: <b>Chikungunya Virus Serology</b>
	PCR: <b>Chikungunya Virus PCR</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b></p> <p>Serum: Sterile container. Serum may be separated from clotted blood.</p> <p><u>PCR:</u> Whole Blood: Collect approximately 7 mL of venous blood in EDTA (purple) blood tube</p> 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p><b>Include any relevant travel history.</b></p> <p>Note: Serology is the preferred test for Chikungunya virus infection.</p>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab Staff	Serology: <b>CHIKUS</b>
	PCR: <b>CHIKUSPCR</b>
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

## Chlamydia and Gonorrhea- Sexually Transmitted Infection (STI) Molecular Testing

Ordering (clinical)	<p>Cervix: <b>Cervix-Chlamydia/GC ( CT/GC)</b></p> <p>Eye: refer to <a href="#">Chlamydia trachomatis NAT- Eye Specimen</a></p> <p>Rectal: <b>Rectal-Chlamydia/GC ( CT/GC)</b></p> <p>Throat: <b>Throat-Chlamydia/GC ( CT/GC)</b></p> <p>Urethra: <b>Urethra-Chlamydia/GC ( CT/GC)</b></p> <p>Urine: <b>Urine-Chlamydia/GC ( CT/GC)</b></p> <p>Vagina: <b>Vagina-Chlamydia/GC ( CT/GC)</b></p>
Testing information	<p>Testing for Chlamydia trachomatis and Neisseria gonorrhoeae (GC) performed by molecular assay (NAAT/PCR) method. One specimen can be collected for both tests.</p> <p>Note: For LGV, see special considerations.</p>
Specimen collection	<p><u>Cervix:</u> Aptima Unisex Swab (white label)</p>  <p><u>Rectal:</u> Aptima Multitest swab (orange label)</p>  <p><u>Throat:</u> Aptima Multitest (orange label)</p>  <p><u>Urethra:</u> Aptima Unisex Swab (white label)</p>  <p><u>Urine:</u> Aptima Urine Collection Kit</p>  <p><u>Vagina:</u> Aptima multitest (orange label)</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<p>If suspect LGV (Lymphogranuloma venereum), contact the IH Microbiologist on call.</p>

## Chlamydia and Gonorrhea- Sexually Transmitted Infection (STI) Molecular Testing cont'd

Guidance document	<p>Patient collection instructions:</p> <ul style="list-style-type: none"> <li>Rectal: <a href="#">828837-patient-self-collection-rectal-swab.pdf (interiorhealth.ca)</a></li> <li>Throat: <a href="#">828835-patient-self-collection-throat-swab.pdf (interiorhealth.ca)</a></li> <li>Urine: <a href="#">chlamydia-gc-and-or-trichomoniasis-urine.pdf (interiorhealth.ca)</a></li> <li>Vagina: <a href="#">collection-of-vaginal-swab-for-chlamydia-gc-and-or-trichomoniasis.pdf (interiorhealth.ca)</a></li> </ul> <p>Provider collection instructions:</p> <ul style="list-style-type: none"> <li>Cervix: <a href="#">unisex-swab-specimen-collection-ih-clinicians.pdf (interiorhealth.ca)</a></li> <li>Urethra: <a href="#">unisex-swab-specimen-collection-ih-clinicians.pdf (interiorhealth.ca)</a></li> </ul> <p>Ordering guide:  <a href="#">Vaginitis &amp; Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions</a>  <a href="#">Vaginitis &amp; Sexually Transmitted Infection Testing- Okanagan Region</a></p>						
Test performed at	IH Microbiology Labs						
Turnaround time after receipt at IH micro lab	≤ 24 hours						
Information for lab staff	<p>Orders:</p> <table border="0"> <tr> <td>Cervix: <b>CHLGCCERVIX</b></td> <td>Urethra: <b>CHLURETHRA</b></td> </tr> <tr> <td>Rectal: <b>CHLGCRECTAL</b></td> <td>Urine: <b>CHLGCURINE</b></td> </tr> <tr> <td>Throat: <b>CHLGCTHROAT</b></td> <td>Vagina: <b>CHLGCVAGINA</b></td> </tr> </table> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p> <p>Special considerations:</p> <ul style="list-style-type: none"> <li>Patients referred from the BCCDC STI/HIV clinic will submit a self-collected specimen. Do not enter the sample (CT/GC) requisition into Meditech. No tracking of samples is required. IH will act as a conduit and forward the sample to BCCDC for testing. Requisition and/or biohazard bag will state "Please forward requisition and sample to BCCDC for testing"</li> <li>Patients referred from the "Go Freddie" program will submit a self-collected specimen. Do not enter the sample into Meditech. Requisition states "Self Collected Swabs" and biohazard bag will have a Freddie label/QR code. Forward specimen to BCCDC for testing.</li> </ul> <p><b>Related Document:</b>  <a href="#">CS 0011 Transferring Urine for Chlamydia/Gonorrhea Testing to the APTIMA Urine Sample Transport Tube Procedure</a></p>	Cervix: <b>CHLGCCERVIX</b>	Urethra: <b>CHLURETHRA</b>	Rectal: <b>CHLGCRECTAL</b>	Urine: <b>CHLGCURINE</b>	Throat: <b>CHLGCTHROAT</b>	Vagina: <b>CHLGCVAGINA</b>
Cervix: <b>CHLGCCERVIX</b>	Urethra: <b>CHLURETHRA</b>						
Rectal: <b>CHLGCRECTAL</b>	Urine: <b>CHLGCURINE</b>						
Throat: <b>CHLGCTHROAT</b>	Vagina: <b>CHLGCVAGINA</b>						

Chlamydia psittaci NAAT	
Ordering (clinical)	<b>Chlamydia psittaci PCR</b>
Specimen Collection	Refer to the National Microbiology Laboratory Guide to Services: <a href="#">Molecular Detection by PCR - Guide to Services - CNPHI (canada.ca)</a>
Requisition	<a href="#">Molecular Detection by PCR - Guide to Services - CNPHI (canada.ca)</a>
Special Considerations	<b>Clinician must call IH Microbiologist for approval</b>  Acceptable specimens: bronchoalveolar lavage (BAL), nasopharyngeal aspirate or throat swab.
Test Performed at	National Microbiology Laboratory (via BCCDC)
Information for Lab Staff	Order: <b>CHLAMPSPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Chlamydia trachomatis NAAT- Eye Specimen	
Ordering (clinical)	<b>Eye- Chlamydia NAAT</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Chlamydia trachomatis, Neisseria gonorrhoeae"
Requisition	<a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special Considerations	For other sources, refer to <a href="#">Chlamydia and Gonorrhea- Sexually Transmitted Infection (STI) Molecular Testing</a>
Test Performed at	BCCDC
Information for Lab Staff	Order: <b>CHLEYE</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>




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Clostridium botulinum Toxin Detection	
Ordering (clinical)	<b>Clostridium botulinum toxin</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special Considerations	<b>Clinician must call IH Microbiologist for approval. Must be ordered in conjunction with Public Health.</b>
Test Performed at	BCCDC
Information for Lab Staff	Order: <b>CLOBOTI</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>




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Clostridioides difficile Testing	
Ordering (clinical)	<b>Stool- C. difficile Toxin</b>
Testing information	Antigen and toxin detection by EIA method
Specimen collection	<p>Stool in sterile screw top container.</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<ul style="list-style-type: none"> <li>• Test of choice when there is high initial clinical suspicion of <i>C. difficile</i></li> <li>• <i>C. difficile</i> is also included in the Infectious Diarrhea Molecular Panel. If broader testing is required to determine the cause of diarrhea, refer to <a href="#">Infectious Diarrhea Panel</a></li> </ul>
Guidance document	<p>Collection Instructions:  <a href="#">collection-of-stool-for-clostridium-difficile.pdf (interiorhealth.ca)</a></p> <p>Ordering guides:</p> <ul style="list-style-type: none"> <li>• <a href="#">GI Ordering Job Aid - Inpatients and Long Term Care</a></li> <li>• <a href="#">GI Ordering Job Aid- Outpatients</a></li> <li>• <a href="#">GI Ordering Job Aid - Emergency Department</a></li> </ul>
Test performed at	IH Microbiology Laboratories
Turnaround time after receipt at IH micro lab	≤ 12 hours
Information for lab staff	<p>Order: <b>CDIFF</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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<b>Coccidioides</b>	
Ordering (clinical)	Serology: <b>Coccidioides Serology</b>
	Urine Antigen: Contact IH Microbiologist.
	Culture: refer to <a href="#">Fungal Culture, Deep</a>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
	<u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.  <b>OR</b> Serum: Sterile container. Serum may be separated from clotted blood. <b>OR</b> CSF: Collect in sterile screw top container. 
	<u>Urine Antigen:</u> Submit in sterile screw cap container 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<b>**Potential Biosafety Hazard**- Consult microbiologist if submitting specimen for culture.</b>  <b>Include any relevant travel history.</b>
Test Performed at	Reference lab via BCCDC
Information for Lab Staff	Serology: <b>COCCIDIOS</b>
	Urine Antigen: <b>COCCIDIOUA</b>
	Culture: refer to <a href="#">Fungal Culture, Deep</a>
	Store and transport refrigerated. Urine: Freeze if > 2 days in transport. Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Covid-19 (SARS-CoV-2), Influenza A, Influenza B, Respiratory syncytial virus	
Ordering (clinical)	<p><b>Acute Care:</b>  Nasopharyngeal swab: <b>Virus Covid/Flu - Nasopharynx</b>  Bronchial wash/lavage: <b>Virus Covid/Flu - Bronch Wash</b>  Endotracheal aspirate: <b>Virus Covid/Flu - Endotracheal</b>  Sputum: <b>Virus Covid/Flu - Sputum</b>  Throat: <b>Virus Covid/Flu - Throat</b></p> <p><b>Long-term care:</b>  see <a href="#">Expanded Respiratory Pathogen Panel (Magpix)</a></p> <p><b>Note:</b> If provider has requested “Magpix” or testing for other pathogens such as Legionella, <a href="#">see Expanded Respiratory Pathogen Panel (Magpix)</a></p>
Testing information	Molecular method
Specimen collection	<p><b>Nasopharyngeal swab:</b>  Universal Transport Medium for Virus (i.e. red-topped Copan Swab)</p> 
	<p><b>Bronchial wash, Sputum or Endotracheal aspirate:</b>  Collect ≥ 2 mL in sterile screw cap container.</p>  <p>If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.</p>
	<p><b>Throat:</b>  <i>Note: Throat swabs are the least preferred as they are a suboptimal specimen type, and should only be used if the patient cannot tolerate a nasopharyngeal swab.</i>  Universal Transport Medium for Virus (i.e. blue-topped Copan swab)</p> 
	Transport to lab ASAP. Refrigerate specimen (4°C).
Special considerations	Consult IH Microbiologist and Infection Prevention and Control (IPAC) if avian influenza is suspected due to risk of transmissibility.


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Covid-19 (SARS-CoV-2), Influenza A, Influenza B, Respiratory syncytial virus cont'd	
Guidance document	<p>Collection instructions:</p> <ul style="list-style-type: none"> <li>• NP Swab: <a href="#">Nasopharyngeal Flocked Swabs and UTM Collection</a></li> <li>• Sputum: <a href="#">collection-of-sputum-for-culture-and-sensitivity.pdf</a></li> </ul> <p>Ordering guides:</p> <ul style="list-style-type: none"> <li>• Acute Care: <a href="#">respiratory-viral-testing-ordering-chart-om-flu-season-acute-care.pdf (interiorhealth.ca)</a></li> <li>• Long Term Care: <a href="#">respiratory-viral-testing-ordering-chart-om-flu-season-long-term-care.pdf (interiorhealth.ca)</a></li> </ul> <p>Important Lab Update: <a href="#">respiratory-viral-testing-important-lab-update-long-term-care.pdf (interiorhealth.ca)</a></p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Inpatients: ≤ 24 hours</p> <p>Outpatients: ≤ 48 hours</p>
Information for lab staff	<p><b>Acute Care:</b></p> <p>Nasopharyngeal swab: <b>VIRRESPN</b></p> <p>Bronchial wash/lavage: <b>VIRRESPBRW</b></p> <p>Endotracheal aspirate: <b>VIRRESPETT</b></p> <p>Sputum: <b>VIRRESPSP</b></p> <p>Throat: <b>VIRRESPT</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p> <p><b>Long-term care:</b> see <a href="#">Expanded Respiratory Pathogen Panel (Magpix)</a></p> <p><b>Outpatient:</b> Nasopharyngeal swab: <b>VIRCOV19OPNP</b></p> <p><b>Related Document:</b> <a href="#">MB 0126 Respiratory Virus Ordering Chart</a></p>

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Coxiella (Q-Fever) Serology	
Ordering (clinical)	<b>Coxiella (Q Fever)</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	Consult IH Microbiologist.
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>COXIES</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Creutzfeldt-Jacob Disease	
Ordering (clinical)	<b>Creutzfeldt-Jacob (CJD) CSF</b>
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Creutzfeldt-Jacob Disease"</p> <p><u>CSF</u>- collect minimum 1 mL aseptically in a sterile screw top container. Ensure container is tightly closed before shipping.</p> 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<p><b>**Potential Biosafety Hazard**</b></p> <p><b>Clinician must call IH Microbiologist for approval.</b></p> <p>CJD requires additional biosafety precautions and requires consultation with Infection Prevention and Control (IPAC) and Medical Microbiology to ensure the safe collection, transport, testing and referral of CSF specimens from patients with suspected CJD.</p>
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	<p>Order: <b>CJDELISA</b></p> <p>Freeze the sample as soon as possible after collection and ship frozen on dry ice. If it is not possible to ship frozen, send samples at 4°C and include duration of time that sample has been at 4°C. Minimize freeze thaw cycles.</p> <p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>.</p>

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Cytomegalovirus Serology	
Ordering (clinical)	Acute: <b>CMV Acute Infection Serology</b> Immunity: <b>CMV Immune Status Serology</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Serology Screening Requisition (elabhandbook.info)</a>
Special Considerations	
Test Performed at	BCCDC
Information for Lab Staff	Orders: Acute: <b>CMVIGGM</b> Immunity: <b>CMVIGG</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>



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Cytomegalovirus PCR and Viral Load (< 18 years)	
Ordering (clinical)	Serology: See <a href="#">Cytomegalovirus Serology</a>
	PCR: <b>CMV PCR (Pediatric)</b>
	Viral Load: <b>CMV Viral Load Pediatric</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>  *For blood specimens, collect in a dedicated tube*
Requisition	<a href="#">CW Lab Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Serology: N/A
	PCR: <b>CMVPCRPE</b>
	Viral Load: <b>CMVVLPED</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> . Store and transport at 2-8°C.  <b>Note: DO NOT DELAY SEND OUT</b> , results are critical for transplant patient management.


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Cytomegalovirus PCR and Viral Load (≥ 18 years)	
Ordering (clinical)	Serology: See <a href="#">Cytomegalovirus Serology</a>
	PCR: <b>CMV PCR Adult</b>
	Viral Load: <b>CMV Viral Load Adult</b>
Specimen Collection	Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a>  *For blood specimens, collect in a dedicated tube*
Requisition	<a href="#">Providence Health Virology Requisition</a>
Special Considerations	
Test Performed at	St. Paul's Hospital
Information for Lab Staff	Serology: N/A
	PCR: <b>CMVPCRADULT</b>
	Viral Load: <b>CMVVVLADULT</b>
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a>  <b>Note: DO NOT DELAY SEND OUT</b> , results are critical for transplant patient management. Store and transport at 2-8°C.



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Cryptococcal Antigen Screen	
Ordering (clinical)	<b>Cryptococcal Ag Screen</b>
Testing information	Lateral flow antigen testing
Specimen collection	<p><u>Serum</u>: SST tube</p>  <p><u>CSF</u>: Sterile screw cap container</p>  <p>For Cryptococcus PCR, see <a href="#">Molecular meningitis/encephalitis panel</a></p> <p>*Critical specimen*. Transport to lab ASAP. Room temperature storage.</p>
Special considerations	<p><u>CSF</u>: CSF profile is assessed prior to testing. Testing is rejected if CSF profile is normal, with no history of Cryptococcus.</p> <p><u>Serum</u>: Multiple test requests within 7 days are rejected. Haemolysed specimens cannot be processed.</p>
Guidance document	Not applicable
Test performed at	IH Microbiology Laboratories: Kelowna General Hospital and Royal Inland Hospital
Turnaround time after receipt at IH micro lab	≤ 6 hours
Information for lab staff	<p>Order: <b>CRYPTOAG</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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CSF Culture	
Ordering (clinical)	<b>CSF Fluid C&amp;S</b>  Please indicate if: <ul style="list-style-type: none"> <li>collected from shunt/drain or catheter.</li> <li>history of chronic otitis media, mastoiditis, chronic sinusitis, epidural shunt or brain abscess.</li> </ul>
Testing information	Gram smear and aerobic culture. <i>Note: CSF shunt and extraventricular drain specimens also receive anaerobic culture.</i>
Specimen collection	Sterile screw top container  Aseptically collected cerebrospinal fluid. Tube #2 is optimal for culture. Submit at least 1 mL for culture.  *Critical specimen*. Transport to lab ASAP. Room temperature storage/transport. Do NOT refrigerate.
Special considerations	<b>**Please alert IH Microbiologist if patient is suspected of or known to have Creutzfeldt-Jacob disease (CJD)**</b>  For non-microbiology testing, refer to the <a href="#">Guide to Laboratory Services Test Directory</a> . Tube #1: Hematology. Tube #2: Microbiology. Tube #3: Chemistry. Tube #4: Hematology/Additional Tests.
Guidance document	<a href="#">Ordering Pathway for Microbiology Testing on Adult Patients with Suspected Meningoencephalitis</a>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram smear: STAT, < 1 hour Culture: LP collection: 5 days Shunt/ drain collection: 10 days
Information for lab staff	Order: <b>CUCSF</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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<b>Dengue Virus</b>	
Ordering (clinical)	Serology: <b>Dengue Fever Virus Serology</b>
	PCR: <b>Dengue Fever Virus PCR</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Clotted Blood</u>: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b></p> <p><u>Serum</u>: Sterile container. Serum may be separated from clotted blood.</p> <p><b>OR</b></p> <p><u>Whole Blood</u>: Collect approximately 7mL of venous blood in EDTA tube</p> 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p><b>Include any relevant travel history.</b></p> <p>Note: Serology is the preferred test for Dengue virus infection.</p>
Test performed at	BCCDC
Information for lab staff	<p>Orders:</p> <p>Serology: <b>DENGUS</b></p> <p>PCR: <b>DENGUSPCR</b></p>
	Refrigerate sample before and after transport. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>



Dialysis Fluid	
Ordering (clinical)	<b>Fluid/Aspirate C&amp;S- Dialysis</b>
Testing information	Gram smear (if sterile container provided) and culture, including aerobes and anaerobes.
Specimen collection	<p>Collect 70mL of dialysate fluid.</p> <p>Aseptically inoculate one aerobic blood culture bottle and one anaerobic blood culture bottle with 8-10 mL of fluid, each. Place remaining fluid in sterile screw top container.</p>  <p><b>*Critical specimen*. Transport to lab ASAP.</b> Room temperature storage. Do NOT refrigerate.</p>
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: STAT, < 1 hour Culture: 5 days
Information for lab staff	Order: <b>CUFLUIDPD</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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Diphtheria ( <i>Corynebacterium diphtheriae</i> )	
Ordering (clinical)	Serology: Contact IH Microbiologist
	PCR: N/A
	Culture: <b>Diphtheria Culture</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	Serology: <a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special considerations	<p><b>Clinician must call IH Microbiologist for approval</b></p> <p>Serology testing: Testing for routine immune status has been discontinued. Only patients with the following history will be tested:</p> <ul style="list-style-type: none"> <li>• 16 years of age or less</li> <li>• organ transplant patient</li> </ul>
Test performed at	BCCDC
Information for lab staff	Serology: <b>DIPHTHA</b>
	PCR: N/A
	Culture: <b>DIPHTHC</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Drainage Culture</b> Includes: peritoneal, pigtail, Axiom, chest, feeding (PEG), G or J tube, Hemovac, Malecot, Penrose, Saratoga, T-tube (biliary).	
Ordering (clinical)	Drainage fluid: <b>Fluid/Aspirate C&amp;S- Existing Tube/Drain</b> Drainage tube site: <b>Wound C&amp;S- Tube/Drain Site</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p><u>Drainage Fluid:</u> Submit in sterile screw top container.</p>  <p>Aseptically collect fluid from disinfected existing drainage tube. <b>Do not collect specimen that has pooled into the collection reservoir.</b></p> <p><u>Drainage Tube Site:</u> Swab in clear transport media.</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	These specimens are prone to contamination from skin/ colonizing flora.  Note: Drainage fluid is the preferred specimen. Swabs are not recommended as they are suboptimal specimens.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: ≤ 24 hours Culture: 48 hours
Information for lab staff	Orders: Drainage fluid: <b>CUFLUIDD</b> Drainage tube site: <b>CUTUBESITE</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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Ear Culture	
Ordering (clinical)	<b>Ear C&amp;S -Canal/Drainage Fluid</b>
Testing information	Gram smear and aerobic culture.
Specimen collection	<p>Swab in clear transport media.</p>  <p><b>Otitis Media:</b> (Middle Ear) Cleanse external ear canal with mild antiseptic. Collect fluid/drainage from middle ear onto swab. Avoid touching contaminating skin with swab.</p> <p><b>Otitis Externa:</b> (Outer Canal /Swimmer's Ear) Swab of external ear canal/drainage.</p> <p>Transport to lab with 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<p>If rapidly progressive necrotizing otitis externa, consult IH Microbiologist.</p> <p>If fluid has been collected by tympanocentesis, please see <a href="#">Body Fluid Culture</a></p> <p>For filamentous fungal culture, refer to <a href="#">Fungal Culture, Deep</a></p>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram stain: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p>Order: <b>CUEAR</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Ebola Virus	
Ordering (clinical)	Serology: <b>Ebola Serology *SAFETY*</b>
	PCR: <b>Ebola Virus PCR *SAFETY*</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u> Serum: SST (gold top). Centrifugation of serum tube is not needed and should be avoided.</p>  <p><u>PCR:</u> Serum: SST (gold top). Centrifugation of serum tube is not needed and should be avoided.</p>  <p><b>OR</b> Whole Blood: 2 tubes x 5 mL in EDTA. Do not open the purple top tube after collection.</p>  <p><b>OR</b> Tissue: Submit fresh frozen tissue in a sterile screw top container. Alternatively, tissue can be formalin fixed and submitted in a plastic container that is clearly identified as formalin.</p> 
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>
Special considerations	<p><b>**Potential Biosafety Hazard**</b></p> <p><b>Clinician must call IH Microbiologist for approval.</b></p> <p>Ebola requires additional biosafety precautions and requires consultation with Infection Prevention and Control (IPAC) and Medical Microbiology to ensure the safe collection, transport, testing and referral of specimens from patients with suspected Ebola.</p> <p><b>Include any relevant travel history.</b></p>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC

Ebola Virus cont'd	
Information for lab staff	Serology: <b>EBOLAS</b>
	PCR: <b>EBOLAPCR</b>
	<p>Refrigerate sample before and after transport. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Note:</b> These specimens require <b>TDGA transport</b>, refer to:</p> <ul style="list-style-type: none"> <li>• SA 0126 Packaging Instructions for Category A Infectious Substance Procedure</li> <li>• CS 0039 Collecting a Blood Sample from a Patient in Isolation with Suspect Ebola/Viral Hemorrhagic Fever Procedure</li> </ul>

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Echinococcus Identification	
Ordering (clinical)	<b>Parasite Echinococcus Identification</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	BCCDC
Information for lab staff	Order: <b>PARAECHINO</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Echinococcus granulosus Serology	
Ordering (clinical)	<b>Echinococcus Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	BCCDC
Information for lab staff	Order: <b>ECHINOS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Ectoparasite Identification (Lice, Scabies, Tick)	
Ordering (clinical)	Lice: <b>Lice Exam</b> Scabies: <b>Scabies Exam</b> Tick: <b>Tick Identification</b>
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Ectoparasite Identification" or "Scabies Identification"</p> <p><b>Lice and Tick:</b> Submit arthropod in sterile screw cap container.</p>  <p>Dead: Submit dry in 70% alcohol            Alive: Submit with slightly moistened cotton</p> <p><b>Scabies:</b> Submit skin scrapings in a sterile screw cap container. With a sterile scalpel blade, scrape the skin nearest to the terminal end of the burrow (end of track).</p> 
Requisition	<a href="#">Parasitology Requisition (elabhandbook.info)</a>
Special Considerations	
Test Performed at	BCCDC
Information for Lab Staff	Order: Tick: <b>PARASCABIE</b> Lice: <b>PARALICE</b> Scabies: <b>PARASCLI</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Ehrlichia chaffeensis</b>	
Ordering (clinical)	Serology: <b>Ehrlichia Serology</b>
	PCR: Contact IH Microbiologist
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b> Serology is not as sensitive as microscopy and PCR. Consult hematology/pathology for smear and microbiology for PCR.
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Orders: Serology: <b>EHRRICS</b> PCR: <b>ST</b> - if approved by microbiologist
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Entamoeba histolytica (Amoebiasis)	
Ordering (clinical)	Serology: <b>E histo (Amoebiasis) Serology</b>
	PCR: For stool, refer to <a href="#">Infectious Diarrhea Panel</a> For liver aspirates, consult IH Microbiologist
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Amoebiasis Serology"
Requisition	Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	BCCDC
Information for lab staff	Serology: <b>EHISTOS</b>
	PCR: For stool, refer to <a href="#">Infectious Diarrhea Panel</a>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Enterobiasis Worm (Pinworm) Identification	
Ordering (clinical)	<b>Pinworm Exam</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Enterobiasis Ova and Parasites"  IH collection instructions: <a href="#">pinworm-specimen-collection-instructions.pdf (interiorhealth.ca)</a>
Requisition	<a href="#">Parasitology Requisition (elabhandbook.info)</a>
Special considerations	Contact your local IH laboratory to obtain pinworm paddle for collection
Test performed at	BCCDC
Information for lab staff	<b>PINWORM</b>
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Enterovirus D68 NAAT	
Ordering (clinical)	Contact IH Microbiologist
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>
Special considerations	Consult IH Microbiologist if concern for acute flaccid myelitis.
Test performed at	BCCDC
Information for lab staff	Order: <b>CDCENTVD68</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Enterovirus NAAT	
Ordering (clinical)	<b>Enterovirus/Coxsackie PCR</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>
Special considerations	Note: Coxsackie virus serology testing is no longer available.  For general respiratory illness, see <a href="#">Expanded Respiratory Pathogen Testing</a>
Test performed at	BCCDC
Information for lab staff	<b>ENTEROVPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Epstein-Barr Virus NAAT (patients < 18 years)	
Ordering (clinical)	Serology: see <a href="#">Epstein-Barr Virus Serology</a>
	PCR: <b>EBV PCR (Pediatric)</b>
	Viral Load: <b>EBV Viral Load Pediatric</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "EBV"  *For blood specimens, collect in a dedicated tube*
Requisition	<a href="#">CW Lab Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Orders: Serology: see <a href="#">Epstein-Barr Virus Serology</a> PCR: <b>EBVPCRPE</b> Viral Load: <b>EBVVLPE</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> . Store and transport at 2-8°C.

Epstein-Barr Virus NAAT (patients ≥ 18 years)	
Ordering (clinical)	Serology: see <a href="#">Epstein-Barr Virus Serology</a>
	PCR: <b>EBV PCR Adult</b>
	Viral Load: <b>EBV Viral Load Adult</b>  <b>Note:</b> if patient is being followed by Alberta Health Services, order <b>EBV PCR/Viral Load (Calgary)</b>
Specimen collection	Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a> – "EBV"  *For blood specimens, collect in a dedicated tube*
Requisition	<a href="#">Providence Health Virology Requisition</a>
Special considerations	
Test performed at	St. Paul's Hospital
Information for lab staff	Orders: Serology: see <a href="#">Epstein-Barr Virus Serology</a> PCR: <b>EBVPCRADULT</b> Viral Load: <b>EBVVLADULT</b>  <b>Note:</b> If patient is being followed by Alberta Health Services, order <b>EBVPCRFB</b>
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a> . Freeze at -20°C and send frozen.

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Epstein-Barr Virus Serology	
Ordering (clinical)	Acute: <b>EBV Acute Infection Serology</b> Immunity: <b>EBV Immune Status Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "EBV"
Requisition	<a href="#">Serology Screening Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BCCDC
Information for lab staff	Orders: Acute: <b>EBVIGGM</b> Immune: <b>EBVIGG</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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## Expanded Respiratory Pathogen Panel (Magpix)

Includes:


**EKH/KBH/RIH:** Adenovirus, Coronaviruses 229E, HKU1, NL63, OC43, SARS-CoV-2, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A, Influenza B, Parainfluenza viruses 1, 2, 3 and 4, Respiratory Syncytial Virus, Bordetella parapertussis, Bordetella pertussis, Chlamydia pneumoniae and Mycoplasma pneumoniae.

**KGH:** Adenovirus, Coronaviruses 229E, NL63 and OC43, SARS-CoV-2, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A, Influenza B, Parainfluenza viruses 1, 2, 3 and 4, Respiratory Syncytial Virus, Bocavirus, *Mycoplasma pneumoniae* and *Chlamydia pneumoniae*. **Note:** Lower respiratory specimens including sputum, endotracheal aspirates and bronchial washes will also be tested for *Legionella pneumophila*.

**Note:** "Magpix" testing will generally only be performed if testing for COVID-19 and/or Influenza A/B and RSV are negative.

Ordering (clinical)	<p><b>Acute Care:</b></p> <p>Nasopharyngeal swab: <b>Virus Covid/Flu+Magpix - Nasoph</b></p> <p>Bronchial wash/lavage: <b>Virus Covid/Flu+Magpix-BronchW</b></p> <p>Endotracheal aspirate: <b>Virus Covid/Flu+Magpix-Endotra</b></p> <p>Sputum: <b>Virus Covid/Flu+Magpix-Sputum</b></p> <p>Throat: <b>Virus Covid/Flu+Magpix-Throat</b></p> <p><b>Long-term care:</b></p> <p>Nasopharyngeal swab: <b>LTC Covid/Flu+Magpix-Nasoph</b></p>
Testing information	Molecular Method
Specimen collection	<p><u>Nasopharyngeal swab:</u></p> <p>Universal Transport Medium for Virus (i.e. red-topped Copan Swab)</p>  <p><u>Bronchial wash, Sputum or Endotracheal aspirate:</u></p> <p>Collect ≥ 2 mL in sterile screw cap container.</p>  <p>If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.</p>

## Expanded Respiratory Pathogen Panel (Magpix) cont'd


Specimen collection cont'd	<p><b>Throat:</b></p> <p><i>Note: Throat swabs are a suboptimal specimen type EXCEPT when Mycoplasma pneumoniae infection is suspected. Only submit a throat swab if M. pneumoniae testing is needed or if the patient cannot tolerate a nasopharyngeal swab.</i></p> <p>Universal Transport Medium for Virus (i.e. blue-topped Copan swab)</p> 
	Transport to lab ASAP. Refrigerate specimen (4°C).
Special considerations	<p>Magpix is typically indicated for the following scenarios:</p> <p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>• Outbreak</li> <li>• Immunocompromised patients</li> <li>• Atypical respiratory pathogen suspected (<i>Mycoplasma pneumoniae</i>, <i>Chlamydia pneumoniae</i>, <i>Legionella pneumophila</i>*)</li> <li>• Cohorting for admitted patients</li> <li>• Medically complex cases where a viral diagnosis will inform management decisions</li> <li>• A returned traveller who is febrile and suspected of viral illness</li> </ul> <p><b>Note:</b> Magpix is not available for adults (≥18 yrs old) if outpatient or discharged.</p> <p><b>Pediatrics:</b></p> <ul style="list-style-type: none"> <li>• Infants &lt;3 months old <b>OR</b></li> <li>• Patients &lt; 18 years old with at least one of the following clinical criteria: <ul style="list-style-type: none"> <li>○ Hospitalization due to respiratory illness</li> <li>○ Atypical respiratory pathogen suspected (<i>Mycoplasma pneumoniae</i>, <i>Chlamydia pneumoniae</i>, <i>Legionella pneumophila</i>*)</li> <li>○ Immunocompromised</li> <li>○ Medically complex cases where a viral diagnosis will inform management decisions</li> <li>○ Prolonged fever ≥ 5 days</li> <li>○ A returned traveller who is febrile and suspected of viral illness</li> </ul> </li> </ul> <p>*Legionella testing is performed on inpatient lower respiratory specimens automatically when “Magpix” is requested. Legionella testing is NOT performed on NP swabs or throat swabs.</p>

Expanded Respiratory Pathogen Panel (Magpix) cont'd	
Guidance document	<p>Collection instructions:</p> <ul style="list-style-type: none"> <li>NP Swab: <a href="#">Nasopharyngeal Flocked Swabs and UTM Collection</a></li> <li>Sputum: <a href="#">collection-of-sputum-for-culture-and-sensitivity.pdf (interiorhealth.ca)</a></li> </ul> <p>Ordering guides:</p> <ul style="list-style-type: none"> <li>Acute Care: <a href="#">respiratory-viral-testing-ordering-chart-om-flu-season-acute-care.pdf (interiorhealth.ca)</a></li> <li>Long Term Care: <a href="#">respiratory-viral-testing-ordering-chart-om-flu-season-long-term-care.pdf (interiorhealth.ca)</a></li> </ul> <p>Important Lab Update: <a href="#">respiratory-viral-testing-important-lab-update-long-term-care.pdf</a></p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Inpatients: ≤ 24 hours</p> <p>Outpatients: ≤ 48 hours</p>
Information for lab staff	<p>Order:</p> <p><b>Acute Care:</b></p> <p>Nasopharyngeal swab: <b>VIRRMAGN</b></p> <p>Bronchial wash/lavage: <b>VIRRMAGBRW</b></p> <p>Endotracheal aspirate: <b>VIRRMAGETT</b></p> <p>Sputum: <b>VIRRMAGSP</b></p> <p>Throat: <b>VIRRMAGT</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p> <p><b>Long-term care:</b></p> <p>Nasopharyngeal swab: <b>LTCVIRRESPN</b></p> <p><b>Related Document:</b></p> <p><a href="#">MB 0126 Respiratory Virus Ordering Chart</a></p>

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Eye Culture, Deep	
Ordering (clinical)	Corneal scraping: <b>Eye C&amp;S Corneal Scrapings</b> Contact lens and cornea rim (donor): <b>Implant/Medical Device C&amp;S</b> Ocular/ Vitreous fluid: <b>Fluid C&amp;S- Aspirate/Tap</b>
Testing information	Gram stain (corneal scrapings) and culture, including aerobes and anaerobes.
Specimen collection	<p><u>Corneal scrapings:</u> Surgically collected corneal scraping from ulcers or lesions using a sterile scapula. Specimen must be immediately inoculated onto slide and media by ophthalmologist, at patient bedside.</p> <p><u>Contact Lens:</u> Submit contact lens in lens case or contact lens solution.</p> <p><u>Ocular/Vitreous Fluid:</u> Surgically aspirated vitreous, intraocular or chamber fluid. Submit sterile screw cap container or capped syringe (preferred).</p> <p>*Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.</p>
Special considerations	Corneal scraping: Obtain plates and slides from Microbiology lab prior to collection.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram smear: STAT, ≤ 1 hour Culture: ≤ 5 days
Information for lab staff	<p>Orders:</p> <p>Corneal scraping: <b>CUEYECOR</b></p> <p>Contact lens and cornea rim (donor): <b>CUIMPLANT</b></p> <p>Ocular fluid: <b>CUFLUID</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Eye Culture, Superficial	
Ordering (clinical)	Conjunctiva/lacrimonal: <b>Eye C&amp;S- Conjunctiva/Lacrimonal</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Swab in clear transport media.</p>  <p>Collect specimen prior to initiating treatment with topical antibiotics or anesthetics. Cleanse skin around eye with mild antiseptic. Use swab pre-moistened with sterile saline and roll over conjunctiva.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<ul style="list-style-type: none"> <li>• If eyelid or cellulitis, refer to <a href="#">Wound, Superficial (intact skin)</a>.</li> <li>• For surgically collected specimens, refer to <a href="#">Eye Culture, Deep</a>.</li> <li>• For sexually transmitted infections, refer to <a href="#">Chlamydia trachomatis NAAT- Eye</a></li> </ul>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram smear: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p>Order:</p> <p>Conjunctiva/lacrimonal: <b>CUEYE</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Filarial Serology	
Ordering (clinical)	<b>Filaria Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> - "Filarial Serology (Antibody)"
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>FILARS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>


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Fungal Culture, Deep	
Ordering (clinical)	<p>Abscess: <b>Fungus- Abscess</b></p> <p>Ear canal: <b>Fungus- Wound/Swab</b></p> <p>Blood: <b>Fungus- Blood/Bone Marrow</b></p> <p>Fluid: <b>Fungus- Fluid/Aspirate</b></p> <p>Respiratory: <b>Fungus-Respiratory/Bronchial</b></p> <p>Tissue: <b>Fungus- Tissue/Biopsy</b></p>
Testing information	Fungal culture
Specimen collection	<p><u>Abscess, fluid, respiratory, tissue:</u></p> <p>Submit minimum 2 mL in a sterile screw top container.</p>  <p><u>Blood:</u></p> <p>SPS vial (yellow top blood tube)</p>  <p><u>Ear canal:</u></p> <p>Swab in clear transport media</p>  <p>Transport to lab within 12 hours at room temperature.</p>
Special considerations	<p><b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult IH Microbiologist before collecting specimen as special laboratory precautions are required.</b></p> <p>Specimens that are unsuitable for fungal culture:</p> <ul style="list-style-type: none"> <li>specimens received on a swab (exception: ear canal specimens)</li> <li>specimens from the following sources: sputum, urine, stool, vaginal</li> </ul>
Guidance document	Not applicable
Test performed at	<ul style="list-style-type: none"> <li>Okanagan Region, Revelstoke and Salmon Arm: IHKGH (exception: Blood specimens are tested at BCCDC)</li> <li>TCS and Kootenay Regions: BCCDC</li> </ul> <p>Testing of specimens with suspected dimorphic fungi is performed at BCCDC</p>
Turnaround time after receipt at IH micro lab	<p>Growth is reported immediately.</p> <p>Cultures are incubated for 4-6 weeks.</p>





Fungal Culture, Deep cont'd		
Information for lab staff	Abscess: <b>MYCABSCESS</b> Blood: <b>MYCBLOOD</b> Fluid: <b>MYCFLUID</b>	Respiratory: <b>MYCRESP</b> Tissue: <b>MYCTISSUE</b> Swab: <b>MYCWOUND</b>
	Transport: TDG B packaging to microbiology lab within 12 hours. <b>Note:</b> Do not reject specimens from OR/DI if submitted on a swab. Send to microbiology lab to determine if testing can be performed.	


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Fungal Culture, Superficial (Dermatophytes)	
Ordering (clinical)	Hair: <b>Fungus- Hair</b> Skin: <b>Fungus- Skin Scrapings</b> Nails: <b>Fungus- Nail/Nail Clippings</b>
Testing information	KOH smear and fungal culture
Specimen collection	Sterile screw top container OR Dermatophyte collection kit  Transport to lab within 12 hours at room temperature.
Special considerations	
Guidance document	Not applicable
Test performed at	Royal Inland (RIH) Microbiology Lab
Turnaround time after receipt at IH micro lab	KOH smear: ≤ 24 hours Culture: Growth is reported immediately. Cultures are incubated for 4-6 weeks.
Information for lab staff	Orders: Hair: <b>MYCHAIR</b> Skin: <b>MYCSKIN</b> Nails: <b>MYCNAIL</b> Transport: TDG B packaging to microbiology lab within 12 hours.




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Galactomannan Antigen EIA	
Ordering (clinical)	<b>Galactomannan Antigen</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>- "Galactomannan Antigen EIA"</p> <p><u>Bronchial Wash</u>: Submit minimum 0.5 mL in sterile screw top container</p>  <p><u>Blood</u>: Red top vacutainer (no additive). For pediatrics only.</p> 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Order must be approved by IH Microbiologist.</b>
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Order: <b>GALACTOAG</b>
	<p>Ship on dry ice.</p> <p>Refer to BCCDC's eLab Handbook : <a href="#">eLab Handbook</a></p>


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Gastric Biopsy Culture	
Ordering (clinical)	<b>H pylori C&amp;S</b>
Testing information	Culture for <i>Helicobacter pylori</i>
Specimen collection	<p>Gastric biopsy in Portagerm pylori transport media.</p>  <p>Collect 1-2 specimens, placing each biopsy in its own vial.</p> <p>*Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.</p>
Special considerations	<ul style="list-style-type: none"> <li>• <b>Clinician must call IH Microbiologist for approval</b></li> <li>• All requests for gastric biopsy culture must be approved by an IH microbiologist at least <b>4 days prior to collection</b>.</li> <li>• If approval is obtained, pick up Portagerm pylori transport media from the laboratory on the day of the biopsy</li> <li>• Eligibility for testing is restricted to failure of two 14 day treatment regimens of quadruple therapy.</li> </ul>
Guidance document	<p>Portagerm pylori, physician instructions for use: <a href="#">Instructions for Use: Portagerm Pylori</a></p> <p>Important lab update: <a href="#">ILU 23-56 Availability of C&amp;S for H. pylori from gastric biopsy specimens</a></p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 10 days
Information for lab staff	<p>Order: <b>CUHPYLOSC</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>


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Genital Mycoplasma/Ureaplasma NAAT	
Ordering (clinical)	<b>Genital Mycoplasma/Ureaplasma</b>
Specimen Collection	<p>Refer to NML Guide to Services: <a href="#">Molecular Detection of Mutations Associated with Antimicrobial Resistance - Guide to Services - CNPHI (canada.ca)</a></p> <p><u>Vaginal or rectal:</u> Submit Aptima multitest swab</p>  <p><u>Urethral/ urogenital:</u> Submit Aptima unisex swab</p>  <p><u>Urine:</u> Submit Aptima urine collection container</p> 
Requisition	<a href="#">Molecular Detection of Mutations Associated with Antimicrobial Resistance - Guide to Services - CNPHI (canada.ca)</a>
Special Considerations	
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Order: <b>GENMYCOPCR</b>
	Store and ship refrigerated: Refer to NML Guide to Services: <a href="#">Molecular Detection of Mutations Associated with Antimicrobial Resistance - Guide to Services - CNPHI (canada.ca)</a>


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Genital, Superficial Skin (Bacterial Culture)	
Ordering (clinical)	<p>Penis/ Foreskin/Shaft/Urinary meatus: <b>Penis C&amp;S- Skin Swab</b>            Labia/Vulva: <b>Wound C&amp;S- Skin (Intact Surface)</b>            Urethra: <b>Urethral/Penis Culture</b></p> <p>For genital ulcers, refer to <a href="#">Genital Ulcer</a></p>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Swab in clear transport media.</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram smear: ≤ 24 hours            Culture: ≤ 48 hours</p>
Information for lab staff	<p>Orders:            Penis/ Foreskin/Shaft/Urinary meatus: <b>CUPENIS</b>            Labia/Vulva: <b>CUSKIN</b>            Urethra: <b>UREC</b>            Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Gonorrhoea Culture	
Ordering (clinical)	<p>Cervix: <b>Cervix- GC (Gonorrhea) Culture</b></p> <p>Eye: <b>Eye- GC(Gonorrhea) Culture</b></p> <p>Rectal: <b>Rectal-Gonorrhea (GC) Culture</b></p> <p>Throat: <b>Throat Gonorrhea (GC) Culture</b></p> <p>Urethra: <b>Urethra-GC (Gonorrhea) Culture</b></p>
Testing information	Gram smear and aerobic culture, including <i>Neisseria gonorrhoeae</i>
Specimen collection	<p>Swab in clear transport media.</p>  <p><b>Cervix:</b> Visualize the cervix using a speculum without lubricant. Remove mucus and secretions from the cervix with a swab and discard the swab. Firmly, yet gently, sample the endocervical canal with a newly obtained sterile swab.</p> <p><b>Eye:</b> Collect specimen prior to initiating treatment with topical antibiotics or anesthetics. Cleanse skin around eye with mild antiseptic. Use swab pre-moistened with sterile saline and roll over conjunctiva.</p> <p><b>Rectal:</b> Insert the swab approximately one inch into the anal canal. If the swab is stained with feces, then use another swab to collect the sample. Move the swab from side to side in the anal canal to sample crypts: allow several seconds for absorption of organisms onto swab.</p> <p><b>Throat:</b> Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas.</p> <p><b>Urethra:</b> Patient should not have urinated 1 hour prior to collection. Retract the prepuce from the glans penis and swab exudate.</p>
Special considerations	Based on risk assessment, NAAT testing on relevant sites may be collected in addition to culture –see <a href="#">Chlamydia and Gonorrhea- STI Molecular Testing</a>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 72 hours
Information for lab staff	<p>Cervix: <b>CUCERVIXGC</b>      Throat: <b>CUTHROATGC</b></p> <p>Eye: <b>CUEYEGC</b>      Urethra: <b>CUURETHRAGC</b></p> <p>Rectal: <b>CURECTALGC</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>




Group A Streptococcus (Throat)	
Ordering (clinical)	<b>Throat C&amp;S/ NAAT Group A Strep</b>
Testing information	Identification of <i>Streptococcus pyogenes</i> . Inpatients: Molecular method Outpatients: Culture method
Specimen collection	Swab in clear transport media.  Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa  Transport to lab within 12 hours. Refrigerate specimen (4°C).
Special considerations	Note any pertinent information such as treatment failure or penicillin allergy.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Inpatients: ≤ 12 hours Outpatients: ≤ 48 hours
Information for lab staff	Orders: Inpatients: <b>THRPCR</b> Outpatients: <b>CUTHROAT</b> Transport: TDG B packaging to microbiology lab within 12 hours.


Group B Streptococcus Screen	
Ordering (clinical)	<b>Vaginal/Rectal GBS Screen</b>
Testing information	Screening culture for Group B streptococcus carrier status
Specimen collection	<p>Swab in clear transport media.</p>  <p>Swab the lower vagina followed by the rectum. Vaginal swabs alone are inadequate specimens.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 72 hours
Information for lab staff	<p>Order: <b>CUGBS</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Haemophilus ducreyi NAAT (Chancroid)	
Ordering (clinical)	<b>Haemophilus ducreyi PCR</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BCCDC
Information for lab staff	Order: <b>HAEMDUPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Hantavirus	
Ordering (clinical)	Serology: <b>Hanta virus Serology</b>
	PCR: <b>Hanta Virus PCR</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b></p> <p>Serum: Sterile container. Serum may be separated from clotted blood.</p> <p><u>PCR:</u> Bronchial aspirates: Submit in sterile screw top container</p>  <p>Blood: EDTA blood tube</p> 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p><b>**Potential Biosafety Hazard**</b></p> <p><b>Clinician must call IH Microbiologist for approval.</b> Hantavirus testing is only performed on admitted patients with renal or cardiopulmonary syndrome. Note: Rodent exposure is not an indication for Hantavirus testing.</p>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	<p>Orders: Serology: <b>HANTAS</b> PCR: <b>HANTASPCR</b></p>
	<p>Store and ship refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Note:</b> These specimens require <b>TDGA transport</b>, refer to:</p> <ul style="list-style-type: none"> <li>SA 0126 Packaging Instructions for Category A Infectious Substance Procedure</li> <li>SA 0201 Hantavirus Serology Ordering and Communication Process</li> </ul>

Helicobacter pylori Serology	
Ordering (clinical)	<b>H pylori Serology</b>
Specimen collection	<p>Refer to LifeLabs test menu: <a href="#">Helicobacter pylori Serology</a></p> <p><u>Serum</u>: SST (gold top)</p>  <p>Collect venous blood (min 1 mL) and allow to clot at room temperature for a minimum of 30 minutes. Centrifuge tube within 2 hours of collection.</p>
Requisition	N/A
Special considerations	<i>H. pylori</i> serology is not diagnostic of acute infection and only indicates previous exposure. The test of choice is a stool antigen test- refer to <a href="#">Helicobacter pylori stool antigen test (SAT)</a>
Test performed at	LifeLabs (Lower Mainland)
Information for lab staff	Order: <b>HPYLORIS</b>
	Store and ship refrigerated (2-8°C)

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Helicobacter pylori stool antigen test (SAT)	
Ordering (clinical)	<b>H pylori stool antigen</b>
Testing information	Lateral flow antigen testing
Specimen collection	<p>Stool in sterile screw top container.</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<p><b>This is the test of choice for diagnosis of acute <i>H. pylori</i> infection.</b></p> <p>2 weeks prior to testing:</p> <ul style="list-style-type: none"> <li>• Stop use of proton pump inhibitors</li> <li>• Stop use of bismuth (Pepto-Bismol)</li> <li>• Stop use of antibiotics</li> </ul> <p>Criteria for rejection:</p> <ul style="list-style-type: none"> <li>• previous antigen negative within the last 7 days</li> <li>• previous antigen positive within the last 30 days</li> <li>• specimen received in preservative</li> </ul>
Guidance document	<p>Collection instructions:</p> <p><a href="https://www.interiorhealth.ca/collection-of-stool-for-helicobacter-pylori.pdf">collection-of-stool-for-helicobacter-pylori.pdf (interiorhealth.ca)</a></p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 24 hours
Information for lab staff	<p>Order: <b>HPYLOSAG</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>





Hepatitis	
Ordering (clinical)	Refer to the IH general laboratory services test directory, located here:  <a href="https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf">https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf</a>
Specimen collection	
Requisition	
Special considerations	
Test performed at	
Information for lab staff	


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Herpes “B” Virus (Simian B Virus)	
Ordering (clinical)	Serology: Contact IH Microbiologist
	PCR: Contact IH Microbiologist
Specimen collection	Refer to Simian B Virus BCCDC Guideline: <a href="https://www.bccdc.ca/communicable-disease-control">Communicable Disease Control (bccdc.ca)</a>
Requisition	N/A
Special considerations	<p><b>Clinician must call IH Microbiologist for approval</b></p> <p>Note: Serology is not useful for acute diagnosis.</p> <p>Herpes “B” virus requires additional biosafety precautions and requires consultation with Infectious Diseases and Medical Microbiology to ensure the safe collection, transport, testing and referral of specimens from patients with suspected Herpes “B” virus.</p>
Test performed at	BCCDC
Information for lab staff	<p>Orders:</p> <p>Serology: <b>HERPESVB</b></p> <p>PCR: Contact IH Microbiologist</p>
	<p>Storing, Packaging and Transport: Refer to BCCDC’s eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Note:</b> These specimens require <b>TDGA transport</b>, refer to:</p> <ul style="list-style-type: none"> <li>SA 0126 Packaging Instructions for Category A Infectious Substance Procedure</li> </ul>




Herpes simplex virus Serology	
Ordering (clinical)	<b>Herpes (HSV) Serology IgG 1&amp;2</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b></p> <p>Serum: Sterile container. Collect approximately 7 mL of venous blood and allow to clot at room temperature for 1 hour. Centrifuge tube for 10 minutes at 1200 rcf and transfer serum to a sterile tube.</p>
Requisition	<a href="#">Serology Screening Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BCCDC
Information for lab staff	Order: <b>HERPESIGG</b>
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Herpes simplex virus PCR	
Ordering (clinical)	<p>Biopsy/Body fluid/ Bronchial Wash: <b>Herpes(HSV)Biopsy/Fluid/Bronch</b></p> <p>Serum PCR (<u>neonates &lt;30 days</u>): <b>Herpes(HSV) Serum PCR(neonate)</b></p> <ul style="list-style-type: none"> <li>For serum PCR testing on patients &gt; 30 days, contact the IH Microbiologist on call.</li> <li>For serology, refer to <a href="#">Herpes simplex virus Serology</a></li> </ul> <p>CSF: refer to <a href="#">Molecular meningitis/encephalitis panel</a></p> <p>Skin/genital/face: refer to <a href="#">Herpes/VZV Viral Panel- Skin</a></p>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p>Biopsy/Body Fluid/Bronchial Wash: Submit in sterile container.</p>  <p>Serum: Blood: Red top vacutainer (no additive).</p> 
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BCCDC
Information for lab staff	<p>Biopsy/Body fluid/ Bronchial Wash: <b>HERPESPCR</b></p> <p>CSF: refer to <a href="#">Molecular meningitis/encephalitis panel</a></p> <p>Serum (neonates &lt;30 days): <b>HSV SERUM PCR</b></p> <p>Skin/genital/face: refer to <a href="#">Herpes/VZV Viral Panel- Skin</a></p>
	<p>Store and ship refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>

<b>Herpes/VZV Viral Panel- Skin</b> Includes: Eye, Genital, Face, Skin	
Ordering (clinical)	<b>Herpes (HSV)/VZV Lesion Swab</b>
Testing information	Molecular method
Specimen collection	<p>Skin swab in Universal Transport Medium for Virus (i.e. blue-topped Copan swab)</p>  <p><u>Eye:</u> Gently sweep/ roll over conjunctiva.</p> <p><u>Lesion/Vesicle/Cold Sore:</u> Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vile of transport medium.</p> <p><u>Throat/oropharyngeal:</u> Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas.</p>
Special considerations	For inpatients and patients seen in emergency, VZV testing is performed at EKRH, KGH or RIH microbiology labs. If specimen is VZV negative, it will be automatically undergo Herpes PCR testing at KGH. For outpatients, VZV and HSV testing will be performed at KGH microbiology lab only.
Guidance document	
Test performed at	IH Microbiology labs
Turnaround time after receipt at IH micro lab	≤ 12 hours
Information for lab staff	<p>Orders: Inpatients and emergency department: <b>VIRSKIN</b> Outpatient: <b>VIRSKINOP</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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<b>Histoplasma</b>	
Ordering (clinical)	Serology: <b>Histoplasma Serology</b>
	Urine Antigen: Contact IH Microbiologist
	Culture: refer to <a href="#">Fungal Culture, Deep</a>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b> Serum: Sterile container. Serum may be separated from clotted blood.</p> <p><b>OR</b> CSF: Collect in sterile screw top container.</p>  <p><u>Urine Antigen:</u> Submit in sterile screw cap container</p> 
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p><b>**Potential Biosafety Hazard**- Consult IH Microbiologist if submitting specimens for culture.</b></p> <p><b>Include any relevant travel history.</b></p>
Test performed at	Reference lab via BCCDC
Information for lab staff	Serology: <b>HISTOPS</b>
	Urine Antigen: <b>HISTOPUA</b>
	Culture: refer to <a href="#">Fungal Culture, Deep</a>
	<p>Store and transport refrigerated.</p> <p>Urine: Freeze if &gt; 2 days in transport.</p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>

Human Herpes Virus 6 NAAT Blood	
Ordering (clinical)	<b>Human herpesvirus-6(HHV-6) PCR</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “Herpes Virus 6 NAT Blood”
Requisition	<a href="#">CW Lab Requisition (elabhandbook.info)</a>
Special considerations	Note: This test is restricted to patients who are less than 3 years old or immunocompromised.
Test performed at	BC Women's and Children's (XCW)
Information for lab staff	Order: <b>HHERP6PCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Human Herpes Virus 8 Viral Load (Kaposi sarcoma Herpesvirus)	
Ordering (clinical)	<b>Human herpesvirus-8(HHV-8) PCR</b>
Specimen collection	Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a>  <b>*For blood specimens, collect in a dedicated tube*</b>
Requisition	<a href="#">Providence Health Virology Requisition</a>
Special considerations	
Test performed at	St. Paul's Hospital
Information for lab staff	Order: <b>HHERP8PCR</b>
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a>  <b>Freeze at -20°C. Send frozen.</b>

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Human immunodeficiency virus (HIV)	
Ordering (clinical)	<p>Refer to the IH general laboratory services test directory, located here:</p> <p><a href="https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf">https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf</a></p>
Specimen collection	
Requisition	
Special considerations	
Test performed at	
Information for lab staff	

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Human T Lymphotropic Virus	
Ordering (clinical)	Serology: <b>HTL Virus I&amp;II Serology IgG</b>
	PCR: <b>HTL Virus I/II PCR</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “HTL”
Requisition	<a href="#">Serology Screening Requisition (elabhandbook.info)</a>
Special considerations	Collect sample on Mondays and Tuesdays only.
Test performed at	Serology: BCCDC PCR: National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Orders: Serology: <b>HTLVS</b> PCR: <b>HTLVSPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Infectious Diarrhea Panel</b> <b>Testing Site- KGH:</b> <i>Aeromonas, Campylobacter, E coli O157, Clostridium difficile, Salmonella, Shiga-like toxin-producing E. coli (including E. coli O157), Shigella/ Enteroinvasive E.coli, Vibrio, Yersinia, Blastocystis hominis, Cryptosporidium, Cyclospora cayetanensis, Dientamoeba fragilis, Entamoeba histolytica, Giardia, Norovirus, Rotavirus, Adenovirus, Astrovirus, Sapovirus.</i> <b>Testing Site- EKH/KBH/RIH:</b> <i>Campylobacter spp., Clostridium difficile toxin A/B, Plesiomonas shigelloides, Shigella\Enteroinvasive E.coli, Vibrio spp. (including specific identification of Vibrio cholera), Yersinia enterocolitica, Shiga-like toxin-producing E. coli (including E. coli O157), Shigella spp., Cryptosporidium spp., Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus, Astrovirus, Norovirus GI/GII, Rotavirus A and Sapovirus</i>	
Ordering (clinical)	<b>Stool Bacteria/Cdif/Viral/Para</b>  Testing will be cancelled on patients who have been hospitalized or admitted to long term care >3 days. <ul style="list-style-type: none"> <li>• If viral infection is strongly suspected or outbreak, order: <b>Stool Norovirus/other GI Virus</b> and submit stool or emesis</li> <li>• For other situations where infectious diarrhea panel is indicated, please contact the lab for approval.</li> </ul>
Testing information	Molecular method
Specimen collection	<b>Stool Collected with Copan Fecal Swab</b>   Note: Fecal swab must be inoculated with stool within 30 minutes of collection. Do not overfill container, overload the swab or scoop larger piece of stool.  Transport to lab within 12 hours. Refrigerate specimen (4°C).  Emesis - Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "Gastrointestinal Disease Outbreak Investigation".   Collect at least 100 mL and refrigerate. Transport to lab ASAP.
Special considerations	<ul style="list-style-type: none"> <li>• This order includes testing for <i>C. difficile</i>. However, if <i>C. difficile</i> is strongly suspected, refer to <a href="#">Clostridiodes difficile</a> section for rapid "<i>C. difficile</i> only" testing.</li> <li>• For patients with suspect ova and parasite- refer to <a href="#">Stool Ova &amp; Parasite- High Risk</a></li> </ul>

Infectious Diarrhea Panel cont'd	
Guidance document	<p>Fecal swab collection instructions:</p> <ul style="list-style-type: none"> <li><a href="#">how-to-use-fecalswab-for-stool-sample-collection.pdf (interiorhealth.ca)</a></li> </ul> <p>Ordering guides:</p> <ul style="list-style-type: none"> <li><a href="#">Collection and Ordering Job aid for Infectious Diarrhea Specimens</a></li> </ul> <p>GI Infection Outbreak Toolkit- Long term Care:  <a href="#">Gastrointestinal Infection Outbreak - Long-term Care</a></p>
Test performed at	<p>Stool: IH Microbiology Labs</p> <p>Emesis: BCCDC</p>
Turnaround time after receipt at IH micro lab	<p>Inpatients: ≤ 12 hours</p> <p>Outpatients: ≤ 48 hours</p>
Information for lab staff	<p>Routine: <b>GIPCR</b></p> <p>Outbreak: <b>GIOUTBREAK</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>



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Japanese Encephalitis Virus Serology	
Ordering (clinical)	<b>Japanese Encephalitis Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>JAPANES</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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JC Virus NAAT (CSF)	
Ordering (clinical)	<b>JC Virus PCR</b> (CSF sources only)
Specimen collection	<p>≥ 18 years: Refer to Providence Health Care's Test Catalog: <a href="#">Providence Health Care Test Catalog</a> – "PCR Amplification PHC"</p> <p>&lt; 18 years: <a href="#">eLab Handbook</a></p>
Requisition	<p>≥ 18 years: <a href="#">Providence Health Virology Requisition</a></p> <p>&lt; 18 years: <a href="#">BCWC Requisition</a></p>
Special considerations	
Test performed at	<p>≥ 18 years: St. Paul's Hospital (XSP)</p> <p>&lt; 18 years: BC Children's and Women's (XCW)</p>
Information for lab staff	Order: <b>JCVPCRC</b>
	Store in freezer until shipped. Ship on ice.

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<b>Legionella</b>	
Ordering (clinical)	Antigen: <b>Legionella Urine Antigen</b>
	Serology: <b>Legionella Serology</b>
	PCR (lower respiratory specimens only): refer to <a href="#">Expanded Respiratory Pathogen Panel</a> - see Bronchial Wash, ETT or Sputum
Specimen collection	<p><u>Urine Antigen</u>: Submit 5 mL of urine in a sterile screw cap container or boric acid tube</p>  <p><u>Serology</u>: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b> Serum: Sterile container. Serum may be separated from clotted blood.</p>
Requisition	Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Note:</b> Test of choice is <b>BOTH</b> PCR and urinary antigen. <a href="#">ILU Legionella Urine Antigen Testing</a>
Test performed at	Antigen: KGH (Central Okanagan and Kootenay Region) and RIH (Thompson Shuswap Cariboo Region) Microbiology Labs Serology: National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Serology: <b>LEGIONS</b>
	Antigen: <b>LEGIONUA</b>
	PCR: <a href="#">Expanded Respiratory Pathogen Panel</a>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

<b>Leishmania</b>	
Ordering (clinical)	Serology: <b>Leishmania Serology</b>
	PCR: <b>Leishmania PCR</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p>Collection instructions:</p>  <p>PHPA_210_2101JA BCCDC Instructions</p>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p>PCR: <b>Clinician must call IH Microbiologist for approval</b></p> <p><b>Include any relevant travel history.</b></p>
Test performed at	<p>Serology: National Microbiology Laboratory (NML)- via BCCDC</p> <p>PCR: BCCDC</p>
Information for lab staff	<p>Orders:</p> <p>Serology: <b>LEISHS</b></p> <p>PCR: <b>LEISHSPCR</b></p>
	<p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>


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<b>Leptospira</b>	
Ordering (clinical)	Serology: <b>Leptospira Serology</b>
	PCR: <b>Leptospira PCR</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p>PCR: <b>Clinician must call IH Microbiologist for approval</b></p> <p><b>Include any relevant travel history.</b></p>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	<p>Orders:</p> <p>Serology: <b>LEPTOS</b></p> <p>PCR: <b>LEPTOSPCR</b></p>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>



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Lower Respiratory Culture, Bronchial Lavage/Wash	
Ordering (clinical)	Bronchial Lavage: <b>Bronchial Lavage C&amp;S</b> Bronchial Wash: <b>Bronchial Wash C&amp;S</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Collect &gt; 1 mL into a sterile screw top container.</p>  <p>If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<p>If multiple tests are requested, submit in different sterile containers.</p> <ul style="list-style-type: none"> <li>○ If fungal testing required, refer to <a href="#">Fungal Culture, Deep</a>.</li> <li>○ If Mycobacteria testing required, refer to <a href="#">Mycobacterium Culture</a>.</li> </ul> <p>If cell count requested, submit portion of sample to cytology</p>
Guidance document	<a href="#">Bronchoscopy Ordering Flow Chart for Microbiology Specimens</a>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: < 3 hours Culture: < 48 hours
Information for lab staff	<p>Orders:</p> <p>Bronchial Lavage: <b>CUBRONCHLAVAGE</b></p> <p>Bronchial Wash: <b>CUBRONCHWASH</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>



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Lower Respiratory Culture, Bronchoscopy Brush	
Ordering (clinical)	<b>Bronchial Brush C&amp;S</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Collected during bronchoscopy using protective sheath brush. Remove sheath from brush and put into 1mL of sterile saline in a sterile screw top container.</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	Note: For Pneumocystis (PJP/PCP)- Submit specimen directly to Cytology/Histology for fungal stains
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	<p>Order: <b>CUBRONCHBRUSH</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Lower Respiratory Culture, Sputum	
Ordering (clinical)	Routine: <b>Sputum C&amp;S</b> Cystic Fibrosis: <b>Sputum C&amp;S- Cystic Fibrosis</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Sterile screw top container.</p>  <p>If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<ul style="list-style-type: none"> <li>• If multiple tests are requested, submit in different sterile containers.</li> <li>• Best quality sample is first morning specimen.</li> </ul>
Guidance document	<a href="#">collection-of-sputum-for-culture-and-sensitivity.pdf (interiorhealth.ca)</a>
Test performed at	<p>Routine: IH Microbiology Labs</p> <p>Cystic Fibrosis:</p> <ul style="list-style-type: none"> <li>• Patients &lt; 18 years: BC Women's and Children's <a href="#">BCWC Outpatient Requisition</a></li> <li>• Patients ≥ 18 years: St. Paul's Hospital</li> </ul>  <p>PHC-LA086 Microbiology - Lab F</p>
Turnaround time after receipt at IH micro lab	<p>Gram Smear: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p>Orders:</p> <p>Routine: <b>CUSPUTUM</b></p> <p>Cystic Fibrosis: <b>CUSPUTUMCF</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Lyme Disease	
Ordering (clinical)	Serology: <b>Borrelia (Lyme) Serology</b>
	PCR: <b>Borrelia (Lyme) PCR</b>
	Note: For tick identification, refer to <a href="#">Ectoparasite Identification (Lice, Scabies, Tick)</a>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b></p> <p>Serum: Sterile container. Serum may be separated from clotted blood.</p> <p><u>PCR:</u> EM Biopsy, CSF or Synovial/Joint Fluid: Submit in sterile screw cap container.</p>  <p><b>Note:</b> In cases of suspect Neuroborreliosis, serology must be ordered with CSF PCR. CSF will only be tested if serology is reactive.</p>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b> Please note on requisition if patient has travelled to Europe.
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	<p>Orders:</p> <p>Serology: <b>BORRIS</b></p> <p>PCR: <b>BORRISPCR</b></p>
	Refrigerate specimen before and after transport. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Lymphocytic Choremeningitis Virus	
Ordering (clinical)	Serology: <b>Lymph Choremomen Virus Serology</b>
	PCR: <b>Lymph Choremomen Virus PCR</b> (CSF only)
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: Serology: <b>LCMVS</b> PCR: <b>LCMVPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Malaria	
Ordering (clinical)	Refer to the IH general laboratory services test directory, located here:  <a href="https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf">https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf</a>
Specimen collection	
Requisition	
Special considerations	
Test performed at	
Information for lab staff	

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Measles	
Ordering (clinical)	Acute: <b>Measles Panel</b> , includes Measles Nasopharyngeal or Throat PCR, Measles Urine PCR, Acute Measles Serology
	Serology/Immunity: <b>Measles Serology Immunity IgG</b>
	CSF/Tissue: <b>Measles Virus CSF/Tissue</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>PCR:</u> Throat or Nasopharyngeal: Submit COPAN red top swab with UTM</p>  <p>Urine: Submit in sterile screw cap container</p>  <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b> Serum: Sterile container. Collect approximately 7mL of venous blood and allow to clot at room temperature for 1 hour. Centrifuge tube for 10 minutes at 1200 rcf and transfer serum to a sterile tube.</p> <p>CSF: Submit in sterile screw cap container</p> 
Requisition	<p>Serology: <a href="#">Serology Screening Requisition (elabhandbook.info)</a></p> <p>Acute: <a href="#">Virology Requisition (elabhandbook.info)</a></p>
Special considerations	<p>If acute infection suspected, contact the microbiologist on call due to high risk of transmissibility of this virus. Please collect:</p> <ul style="list-style-type: none"> <li>• nasopharyngeal or throat swab for PCR <b>AND</b></li> <li>• urine specimen for PCR <b>AND</b></li> <li>• blood or serum for acute serology</li> </ul> <p>Airborne, Contact and Droplet precautions required for patient.</p>
Test performed at	BCCDC



## Measles cont'd

Information for lab staff


Acute: **MEASLEIGGM, MEASLESPCR, MEASLESUR**

Immunity: **MEASLEIGG**

CSF/Tissue: **MEASLESCSFTIS**

Ship and store refrigerated. Refer to BCCDC's eLab Handbook:  
[eLab Handbook](#)

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<b>Medical Device Culture</b> Includes: Allograft bone/tissue, autograft bone/tissue, cardiac implanted device, CNS shunt tip, contact lens, grafts, mesh, screws or pins from bone reconstruction, voice prosthesis etc.	
Ordering (clinical)	<b>Implant/Medical Device C&amp;S</b> <b>OR Implant/Medical Device C&amp;S</b>
Testing information	Sterility culture, including aerobic and anaerobes
Specimen collection	Submit medical device in sterile screw top container.  <u>Allograft/autograft:</u> Submit small portion (no larger than 2.5 x 2.4 cm) of bone or tissue in sterile saline. Alternately the identification tag or storage solution can be submitted.  <u>Cardiac implanted device:</u> Includes pacemakers or implanted cardiac defibrillator (ICD). Specimen submitted may be actual device, or pacemaker leads or wires from sternal closure.  <u>Contact Lens:</u> Submit contact lens in lens case or contact lens solution.  *Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.
Special considerations	Note: Voice Prosthesis specimens are cultured for yeast only.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 10 days
Information for lab staff	Orders: <b>CUIMPLANT, CUORIMPLANT</b> Transport: TDG B packaging to microbiology lab within 12 hours.



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Meningococcal Polysaccharide Antibody Titre	
Ordering (clinical)	<b>Meningococcal Antibody Titre</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	Testing will only be performed on patients who have received an organ transplant. Pre-vaccine and post-vaccine (2 weeks after) samples must be submitted.
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>MENINGOAB</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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MERS-CoV NAAT	
Ordering (clinical)	<b>MERS-CoV Coronavirus PCR</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>
Special considerations	<b>Clinician must call IH Microbiologist for approval. Include any relevant travel history.</b>
Test performed at	BCCDC
Information for lab staff	Order: <b>MERSPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Molecular meningitis/encephalitis panel</b> Includes: E. coli K1, Haemophilus influenzae, Listeria monocytogenes, Neisseria meningitidis, Streptococcus agalactiae, Streptococcus pneumoniae, Cytomegalovirus, Enterovirus, Herpes simplex virus 1, Herpes simplex virus 2, Human herpesvirus 6, Human parechovirus, Varicella zoster virus, Cryptococcus neoformans/gattii	
Ordering (clinical)	<b>CSF Viral/Bacteria/Crypt Panel</b>
Testing information	Molecular method
Specimen collection	Sterile screw top container.   Aseptically collected cerebrospinal fluid from lumbar puncture, minimum 0.5 mL. Submit tube #2.  *Critical specimen*. Transport to lab ASAP. Refrigerate specimen (4°C).
Special considerations	
Guidance document	<a href="#">Ordering Pathway for Microbiology Testing on Adult Patients with Suspected Meningoencephalitis</a>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 4 hours
Information for lab staff	Order: <b>VIRCSF</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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Molluscum contagiosum	
Ordering (clinical)	<b>Molluscum contagiosum</b>
Specimen collection	Note: Molluscum contagiosum is a clinical diagnosis. Testing is not available in B.C. Request will be cancelled.
Requisition	
Special considerations	
Test performed at	
Information for lab staff	Order: <b>MOLLCONTND</b>  Note: Order will auto-cancel. Do not send out.


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Mpox virus NAAT (Monkeypox virus)	
Ordering (clinical)	<p>Skin Lesion: <b>Monkeypox Virus Skin Lesion</b>  Skin Swab: <b>Monkeypox Virus Skin Swab</b>  Serology: <b>Monkeypox Virus Serology</b></p> <p>Other sites listed below require microbiologist approval.  Blood: <b>Monkeypox Virus Blood</b>  Nasopharynx: <b>Monkeypox Virus Nasopharynx</b>  Oropharynx: <b>Monkeypox Virus Oropharynx</b>  Urine: <b>Monkeypox Virus Urine</b></p>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – "MPOX"</p> <p><u>Lesion, skin or rectal:</u> Submit COPAN blue-top with UTM</p>  <p>Collect:</p> <ol style="list-style-type: none"> <li>1. Viral swab of vesicular/pustular fluid (use single swab on 2-3 open or recently unroofed lesions) <b>AND/OR</b></li> <li>2. Lesion material (roof, crusts, aspirate, exudate tissue) <b>AND/OR</b></li> <li>3. Tissue biopsy in sterile container <b>AND/OR</b></li> <li>4. Rectal swab if proctitis present</li> </ol> <p>Other specimen types:</p> <p><u>Nasopharyngeal, oropharyngeal or throat:</u> COPAN red-top with UTM</p>  <p><u>Blood:</u> EDTA (purple top) tube</p>  <p><u>Urine:</u> Submit in sterile screw top container</p> 
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>





Mpox virus NAAT (Monkeypox virus) cont'd	
Special considerations	<p>For suspect cases, due to risk of transmissibility and need for post-exposure prophylaxis, Infection Prevention and Control (IPAC) and Communicable Disease Unit (CDU) must be contacted.</p> <ul style="list-style-type: none"> <li>• If skin lesions are present, it is recommended to collect lesion material.</li> <li>• If patient is suspect to be in prodromal phase of illness and no lesions present other sample types can be considered. Please discuss with IH Microbiologist before collecting these sample types.</li> </ul>
Test performed at	BCCDC
Information for lab staff	<p>Orders:</p> <p>Blood: <b>MONPOXBL</b></p> <p>Nasopharynx: <b>MONPOXNP</b></p> <p>Oropharynx: <b>MONPOXOP</b></p> <p>Serology: <b>MONPOXSER</b></p> <p>Skin Lesion: <b>MONPOXLESION</b></p> <p>Skin Swab: <b>MONPOXSWAB</b></p> <p>Urine: <b>MONPOXUR</b></p> <p>Store and ship reffridgerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Note:</b> These specimens require <b>TDGA transport</b>, refer to:</p> <ul style="list-style-type: none"> <li>• SA 0126 Packaging Instructions for Category A Infectious Substance Procedure</li> <li>• SA 0190 Monkeypox Virus Specimen Handling and Communication Process</li> </ul>




Mouth Culture	
Ordering (clinical)	<b>Mouth/Tongue C&amp;S- Candida/Yeast</b>
Testing information	Culture for yeast
Specimen collection	<p>Swab in clear transport media.</p>  <p>Have patient rinse mouth with water prior to collection.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	For voice prosthesis, refer to <a href="#">Medical Device Culture</a>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	<p>Order: <b>CUMOUTH</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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MRSA Screen	
Ordering (clinical)	Groin: <b>ARO MRSA Groin/Perianal</b> Nose/Nares: <b>ARO MRSA Nose/Nares</b> Open Wound: <b>ARO MRSA Open Wound</b> Vascular Catheter Site: <b>ARO MRSA IV Insertion Site</b>
Testing information	Screening culture for Methicillin Resistant strains of Staphylococcus aureus
Specimen collection	<p>Swab in clear transport media.</p>  <p><u>Groin/perianal</u>: Using one swab, firmly swab both groins starting at the front of the groin area and extending right back almost to the anus.</p> <p><u>Nares</u>: Use one swab to swab both nares. Insert swab into the nares and rotate against the nasal mucosa. Repeat in other nostril.</p> <p><u>Open Wound</u>: Swab of one open draining wound.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	Testing is performed as part of admission screening or ARO, or at the request of Infection Prevention and Control (IPAC).
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	<p>Orders:</p> <p>Groin: <b>CUMRSAGROIN</b></p> <p>Nose/Nares: <b>CUMRSANOSE</b></p> <p>Open Wound: <b>CUMRSAWOUND</b></p> <p>Vascular Catheter Site: <b>CUMRSAIV</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>


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<b>Mumps</b>	
Ordering (clinical)	<p>Serology</p> <p>Acute: <b>Mumps Acute Infection Serology</b></p> <p>Immunity: <b>Mumps Immune Status Serology</b></p> <p>PCR: <b>Mumps Virus PCR</b></p>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u></p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>Serum: Sterile container.</p> <p>Collect approximately 7mL of venous blood and allow to clot at room temperature for 1 hour. Centrifuge tube for 10 minutes at 1200 rcf and transfer serum to a sterile tube.</p> <p><u>PCR:</u></p> <p>Urine: Submit in sterile screw cap container</p>  <p>Buccal or Oral Swab: Submit COPAN red-top with UTM</p>  <p>CSF: Collect aseptically and ensure that container is tightly closed</p> 
Requisition	<p>Serology: <a href="#">Serology Screening Requisition (elabhandbook.info)</a></p> <p>PCR: <a href="#">Virology Requisition (elabhandbook.info)</a></p>
Special considerations	<p><b>Note:</b> For suspect acute infections, please collect:</p> <ul style="list-style-type: none"> <li>• Buccal or oral swab for PCR <b>AND</b></li> <li>• Urine for PCR <b>AND</b></li> <li>• Serology</li> </ul>
Test performed at	BCCDC
Information for lab staff	<p>Serology:</p> <p>Acute: <b>Mumps Acute Infection Serology</b></p> <p>Immunity: <b>Mumps Immune Status Serology</b></p> <p>PCR: <b>MUMPSPCR</b></p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>


TB/ Mycobacteria	
Ordering (clinical)	<p>Abscess: <b>TB/Mycobacteria- Abscess</b>            Blood: <b>TB/Mycobacteria- Blood/Bone Mar</b>            Fluid: <b>TB/Mycobacteria- Fluid/Aspirate</b>            Respiratory*: <b>TB/Mycobacteria- Respiratory</b>            Tissue/Biopsy: <b>TB/Mycobacteria- Tissue/Biopsy</b></p> <p><b>*Note:</b> Inpatient sputum and bronchial wash/lavage specimens will automatically have <b>TB PCR</b> testing performed at an IH lab before specimen is sent to referral lab for AFB smear/culture</p>
Testing information	AFB smear and culture. See note above re: TB PCR.
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Blood:</u>            SPS vial (yellow top blood tube)</p>  <p><u>Fluids other than blood:</u>            Submit a minimum of 3 mL in a sterile screw top container</p>  <p><u>Sputum, Bronchial wash/lavage:</u>            Submit in a sterile screw top container. Multiple specimens required, see guidance document below</p> 
Requisition	No requisition required.
Special considerations	<p>Antibiotic susceptibility testing is not automatically performed on non-tuberculosis mycobacteria (NTMs) and require a request to the BCCDC Microbiologist. The ordering physician will be asked to fill a National Microbiology Laboratory-NTM susceptibility form: <a href="#">MergedFile (elabhandbook.info)</a>.</p> <p>For TB IGRA (Interferon Gamma Release Assay), refer to the IH general laboratory services test directory, located here: <a href="https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf">https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf</a></p>


TB/ Mycobacteria cont'd	
Guidance documents	<p>Sputum Collection Procedure: <a href="#">Skills: Specimen Collection: Sputum - CE/NCPD</a></p> <p>Inpatients: <a href="#">Testing and Interpretation of Xpert TB PCR for Inpatients Suspected to have Pulmonary TB</a></p> <p>Outpatients: <a href="#">Collection of Specimens for TB Testing (BCCDC)</a></p>
Test performed at	<p>BCCDC</p> <p>Exception: Respiratory specimens that are eligible for PCR will be tested at an IH microbiology lab prior to submitting to BCCDC.</p>
Turnaround time after receipt at IH micro lab	Determined by the reference laboratory.
Information for lab staff	<p>Orders:</p> <p>Abscess: <b>TBABSCCESS</b></p> <p>Blood: <b>TBBLOOD</b></p> <p>Fluid: <b>TBFLUID</b></p> <p>Respiratory: <b>TBRESP</b></p> <p>Tissue/Biopsy: <b>TBTISSUE</b></p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>

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Nasal Sinus Culture	
Ordering (clinical)	<b>Nasal Sinus C&amp;S- Swab/Lavage</b>
Testing information	Gram smear and culture, including aerobes and anaerobes
Specimen collection	<p>Surgically collected antral aspirate or lavage. Submit in sterile screw top container.</p>  <p>Transport to lab within 12 hours. Store refrigerated (4°C) or at room temperature.</p>
Special considerations	<p><b>Nasal secretions are not suitable specimens and will not be processed.</b></p> <ul style="list-style-type: none"> <li>For surgically collected fluid or tissue, please refer to <a href="#">Body Fluid Culture</a> or <a href="#">Tissue Culture</a> sections.</li> <li>For superficial nasal screen for <i>S. aureus</i>, refer to <a href="#">Nasal Screen for S. aureus</a></li> </ul>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram smear: ≤ 24 hours</p> <p>Culture: ≤ 5 days</p>
Information for lab staff	<p>Order: <b>CUNASALSIN</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Nasal Screen for <i>S. aureus</i>	
Ordering (clinical)	Nose: <b>Nose/Nasal C&amp;S</b> Pre-Surgical Screen (ex. pre-op cardiac or orthopedic surgery): <b>Nose/Nasal C&amp;S- Pre-Surgical Screen</b>
Testing information	Processed for presence of <i>Staphylococcus aureus</i> .
Specimen collection	Swab in clear transport media.  Insert swab into the nares and rotate against the nasal mucosa.  Transport to lab within 12 hours. Store refrigerated (4°C) or at room temperature.
Special considerations	Nasal secretions are not suitable specimens and will not be processed. For Nasal Culture, see <a href="#">Nasal Sinus Culture</a>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	Nose: <b>CUNOSE</b> Pre-Surgical Screen: <b>CUCARDSCRN</b> Transport: TDG B packaging to microbiology lab within 12 hours.

Neisseria meningitidis NAAT (Blood)	
Ordering (clinical)	Contact IH Microbiologist
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Blood:</b> Submit EDTA (purple top) tube</p> 
Requisition	<a href="#">CW Lab Requisition (elabhandbook.info)</a>
Special considerations	<p><b>Clinician must call IH Microbiologist for approval</b></p> <p>This order is for blood sources only. For CSF, refer to <a href="#">Molecular meningitis/encephalitis panel</a>.</p>
Test Performed at	BC Women's and Children's (XCW)
Information for lab staff	<b>MENINGOC</b>
	Store and transport refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Paracoccidioides Serology	
Ordering (clinical)	<b>Paracoccidioides Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<p><b>**Potential Biosafety Hazard**- Consult microbiologist if submitting specimen for culture.</b></p> <p><b>Include any relevant travel history.</b></p>
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>PARACS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>



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Paragonimus Serology	
Ordering (clinical)	<b>Paragonimus Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>PARAGS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>


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Parvovirus B19	
Ordering (clinical)	Serology:
	Acute: <b>Parvovirus B19 Acute Infection Serology</b>
	Immunity: <b>Parvovirus B19 Immune Status Serology</b>
	PCR: <b>Parvovirus PCR</b>
	Viral Load: N/A
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	Serology: <a href="#">Serology Screening Requisition (elabhandbook.info)</a> PCR: <a href="#">CW Lab Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	Serology: BCCDC PCR: BC Children's and Women's (XCW)
Information for lab staff	Serology:
	Acute: <b>PARVOIGGM</b>
	Immunity: <b>PARVOIGG</b>
	PCR: <b>PARVOPCR</b>
	Viral Load: N/A
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Placental Culture	
Ordering (clinical)	Tissue: <b>Tissue C&amp;S</b> Swab: <b>Placenta Swab C&amp;S</b>
Testing information	Gram smear and culture, including aerobes and anaerobes
Specimen collection	<p><u>Tissue:</u> Sterile screw top container</p>  <p>Submit a portion of placenta tissue (no larger than 2.5 cm x 2.5 cm) in small amount of sterile saline.</p> <p><u>Swab:</u> Swab in clear transport media.</p>  <p>Transport to lab within 12 hours. Store refrigerated (4°C) or at room temperature.</p>
Special considerations	Placenta swabs are poor specimens due to contamination from the female genital tract.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram smear: ≤ 3 hours Culture: ≤ 5 days
Information for lab staff	<p>Orders:</p> <p>Tissue: <b>CUTISSUE</b> Swab: <b>CUPLACENTA</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>





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Pneumocystis (PJP/PCP) NAAT	
Ordering (clinical)	<b>Pneumocystis jirovecii- PJP PCR</b>  Note: For fungal stains, submit specimen to cytology/histology department
Testing information	Molecular method
Specimen collection	A bronchoscopy specimen should be submitted. Collect > 1 mL into a sterile screw top container.    Transport to lab within 12 hours. Refrigerate specimen (4°C).
Special considerations	<b>Clinician must call IH Microbiologist for approval</b> Performed in specific circumstances: Immunocompromised patient with symptoms and radiological findings
Guidance document	<a href="#">Bronchoscopy Ordering Flow Chart for Microbiology Specimens</a>
Test performed at	St. Paul's Hospital Laboratory
Turnaround time after receipt at IH micro lab	As determined by the reference laboratory: <a href="#">Providence Health Care Test Catalog</a>
Information for lab staff	Order: <b>PJPPCR</b> Transport: TDG B packaging to St. Paul's laboratory (XSP) within 12 hours.

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Poliovirus NAAT	
Ordering (clinical)	<b>Polio Virus PCR</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>
Special considerations	<b>Clinician must call IH Microbiologist for approval.</b> <b>Include any relevant travel history.</b> Note: Polio virus serology testing is no longer available.
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>POLIOPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Rabies	
Ordering (clinical)	Serology: <b>Rabies Virus Serology</b>
	PCR: <b>Rabies Virus PCR</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Serology:</b>            Clotted Blood: SST (gold top). Allow to clot at room temperature.              Serum: Sterile container.            Collect approximately 7mL of venous blood and allow to clot at room temperature for 1 hour. Centrifuge tube for 10 minutes at 1200 rcf and transfer serum to a sterile tube.</p> <p><b>PCR:</b>            CSF: Submit minimum 2 mL in a sterile screw top container              Saliva: Submit 2-3 mL in a sterile screw top container. Submit multiple collections at least 12 hours apart.              Nuchal Skin Biopsy: Submit full thickness biopsy, at least 5mm diameter, with several hair follicles. Submit in a sterile screw top container with moistened gauze beside the tissue (but DO NOT wrap tissue).  </p>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>

Rabies cont'd	
Special considerations	<p><b>Clinician must call IH Microbiologist for approval.</b></p> <p><b>The following information is required:</b></p> <ul style="list-style-type: none"> <li>• Exposure- confirmed or suspected</li> <li>• Relevant animal exposure or travel history</li> <li>• Type of exposure: bite, scratch, saliva contamination of open wound or mucous membrane</li> <li>• Part of body exposed</li> </ul>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	<p>Order:</p> <p>Serology: <b>RABIES</b></p> <p>PCR: <b>RABIESPCR</b></p>
	<p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>Note:</b> Salvia specimens must be transported at -20°C. Other specimens are stored and transported refrigerated.</p>





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Rickettsia rickettsii Serology	
Ordering (clinical)	<b>R.rickettsii (Rocky Mnt) Sero</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history or tick exposure.</b>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>RICKERS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Rickettsia typhi Serology	
Ordering (clinical)	<b>R.typhi (Typhus Fever) Sero</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel or tick exposure history.</b>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>RICKERTS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Rubella</b>	
Ordering (clinical)	Serology: Acute: <b>Rubella Acute Infection Serology</b> Immunity: <b>Rubella Immune Status Serology</b>
	PCR: <b>Rubella Virus PCR</b>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.    Serum: Sterile container.  Collect approximately 7mL of venous blood and allow to clot at room temperature for 1 hour. Centrifuge tube for 10 minutes at 1200 rcf and transfer serum to a sterile tube.</p> <p><u>PCR:</u> Urine: Submit in sterile screw cap container    Nasopharyngeal or throat: Submit COPAN red-top with UTM    CSF: Collect aseptically and ensure that container is tightly closed  </p>
Requisition	<a href="#">Serology Screening Requisition (elabhandbook.info)</a>
Special considerations	
Test performed at	BCCDC
Information for lab staff	Serology: Acute: <b>RUBELIGGM</b> Immunity: <b>RUBELIGG</b>
	PCR: <b>RUBELPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

Schistosoma Serology	
Ordering (clinical)	<b>Schistosoma Serology</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Order: <b>SCHISTOS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Schistosomiasis Viability Hatch Test	
Ordering (clinical)	<b>Parasite -Urine (Shistosoma)</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Parasitology Requisition (elabhandbook.info)</a>
Special considerations	<b>Include any relevant travel history.</b>
Test performed at	BCCDC
Information for lab staff	<b>PARAURINE</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Stool Ova & Parasite– *High Risk	
Ordering (clinical)	<b>Stool Microscopy (Parasite) SAF</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> – “Ova and Parasites (O&P)” Collection instructions: <a href="#">collection-of-stool-for-ova-and-parasites.pdf (interiorhealth.ca)</a>
Requisition	<a href="#">Parasitology Requisition (elabhandbook.info)</a>  <ul style="list-style-type: none"> <li>• Testing will only be performed if a requisition accompanies the specimen and the order has been handwritten/typed as “Stool Microscopy” in Other Test section.</li> <li>• <b>Note:</b> If high suspicion of parasitic/helminth infection, an additional stool can be submitted but must be collected at least one day apart. Write “Stool Microscopy x2” on the requisition or order these separately in Meditech</li> </ul>
Special considerations	*May only be submitted if: <ul style="list-style-type: none"> <li>• Suspected helminth (worm) infection</li> <li>• Refractory diarrhea where patient is immunocompromised or has travelled to, or emigrated from, a country outside of Canada, USA, Australia, New Zealand or Western Europe with the past 2 years).</li> <li>• For all other scenarios- refer to <a href="#">Infectious Diarrhea Panel</a> for molecular testing</li> </ul>
Test performed at	BCCDC
Information for lab staff	Order: <b>PARAXM</b>
	Store and transport refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Streptococcal Infections Serology	
Ordering (clinical)	Orders: <b>Anti-DNAse B Titre</b> <b>Anti-Streptolysin O (ASOT)</b>
Specimen collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special considerations	
Test performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for lab staff	Orders: Anti-DNAse B Titre: <b>DNASE</b> Anti-Streptolysin O: <b>ASOTS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Strongyloides	
Ordering (clinical)	Serology: <b>Strongyloides Serology</b>
	O&P: <b>Strongyloides Parasite ID</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a> O&P: <a href="#">ParasitologyRequisition (elabhandbook.info)</a>
Special Considerations	O&P: <b>Clinician must call IH Microbiologist for approval</b>  <b>Include any relevant travel history.</b>
Test Performed at	BCCDC
Information for Lab Staff	Order: Serology: <b>STRONGS</b> O&P: <b>STRONGID</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Syphilis	
Ordering (clinical)	Serology: <b>Syphilis Screen EIA/RPR</b>
	PCR: <b>Syphilis Nucleic Acid (NAT)</b> (chancre, CSF)
	Special tests: VDRL: <b>Syphilis (Treponema) VDRL CSF</b>
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><u>Serology:</u>            Clotted Blood: SST (gold top). Allow to clot at room temperature.              Serum: Sterile container. Collect approximately 7 mL of venous blood and allow to clot at room temperature for 1 hour. Centrifuge tube for 10 minutes at 1200 rcf and transfer serum to a sterile tube.</p> <p><u>PCR:</u>            Chancre swab: Submit COPAN blue top swab with UTM  </p> <p><u>VDRL:</u>            CSF: Submit in sterile screw cap container  </p>
Requisition	Serology: <a href="#">Serology Screening Requisition (elabhandbook.info)</a> PCR: <a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<p>All testing for genital ulcers should include STI testing including HIV.</p> <p>Ordering guidance:  <b>Genital Ulcers:</b> Order Serology AND PCR for chancre specimen  <b>Neurosyphilis:</b> Order Serology AND VDRL for CSF  <b>Screening:</b> Order Serology  <b>Neonatal:</b> Consult IH Microbiologist</p>
Test Performed at	BCCDC
Information for lab staff	Orders:
	Serology: <b>SYPHISC</b>
	PCR: <b>SYPHNAT</b> <i>Note: Do not reject samples if serology do not accompany the swab</i>
	Special Tests: VDRL CSF: <b>SYPHIVDRL</b> FTA CSF: <b>FTACSF</b>
	Store and transport refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

Taenia solium Serology	
Ordering (clinical)	Serology: <b>Taenia Solium Serology</b>
	PCR: Contact IH Microbiologist
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<b>Include any relevant travel history.</b>
Test Performed at	BCCDC
Information for Lab Staff	Order: Serology: <b>TAESOLS</b> PCR: <b>ST</b> if approved by microbiologist
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Tetanus Serology	
Ordering (clinical)	Contact IH Microbiologist
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>- "Tetanus Antibody Level"</p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b></p> <p>Serum: Sterile container. Serum may be separated from clotted blood.</p>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<p>Testing for routine immune status has been discontinued. Only patients with the following history will be tested:</p> <ul style="list-style-type: none"> <li>- 16 years of age or less, or</li> <li>- Organ transplant patient, or</li> <li>- Sticker for immunodeficiency testing</li> </ul>
Test Performed at	BCCDC
Information for Lab Staff	Order: <b>TETANUS</b>
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Tissue Culture</b> Includes: Bone, tissue	
Ordering (clinical)	<b>Tissue C&amp;S</b>
Testing information	Gram smear and culture, including aerobes and anaerobes.
Specimen collection	Sterile screw top container.  Submit surgically collected bone/tissue ( $\leq 1 \times 1\text{cm}$ ) in a small amount of sterile saline.  *Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.
Special considerations	<ul style="list-style-type: none"> <li>Swabs are not recommended as they are suboptimal specimens for organism recovery</li> <li>If tissue from prosthetic joint site, submit 5-6 tissue/aspirate samples from adjacent to the joint.</li> <li>If osteomyelitis or joint infection is suspected, concomitant blood cultures are indicated.</li> </ul>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: STAT, $\leq 1$ hour Culture: 5-10 days
Information for lab staff	Order: <b>CUTISSUE</b>  Transport: TDG B packaging to microbiology lab within 12 hours.

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Toxocara Serology	
Ordering (clinical)	<b>Toxocara Serology</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Order: <b>TOXOCS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Toxoplasma	
Ordering (clinical)	Serology: <b>Toxoplasma Serology</b>
	PCR: <b>Toxoplasma PCR</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Orders: Serology: <b>TOXOPS</b> PCR: <b>TOXOPPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>




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Transfusion Reaction Culture (Blood Products)	
Ordering (clinical)	N/A
Testing information	Culture, including aerobes and anaerobes.
Specimen collection	Submit blood/product bag to transfusion medicine laboratory.  *Critical specimen*. Transport to lab ASAP. Room temperature storage. Do NOT refrigerate.
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology and Transfusion Services Labs
Turnaround time after receipt at IH micro lab	Culture: 14 days  Blood cultures are continuously monitored and all positive results are phoned.
Information for lab staff	Transfusion reaction cultures are ordered on the blood product itself and are not associated with the patient requisition. Transfusion reaction specimen (MZ) should be ordered by transfusion staff prior to sample arriving in Microbiology lab.  Orders: Transfusion or febrile reaction: <b>CUTRNRXN</b> Sterility Check: <b>CUENVIRO</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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Trichinella Serology	
Ordering (clinical)	<b>Trichinella Serology</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<b>Include any relevant travel history.</b>
Test Performed at	BCCDC
Information for Lab Staff	Order: <b>TRICHIS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Trichomonas - Sexually Transmitted Infection (STI) Molecular Testing	
Includes: Cervical, Urine and Vaginal specimens	
Ordering (clinical)	Female: <b>Trichomonas – Female/Aptima kit</b> Male: <b>Trichomonas – Male/Aptima kit</b>
Testing information	Testing for Trichomonas vaginalis performed by molecular assay (NAAT/PCR) method.
Specimen collection	<p><u>Cervix:</u> Aptima Multitest Swab (white label)</p>  <p><u>Urine:</u> Aptima Urine Collection Kit</p>  <p><u>Vagina:</u> Aptima multitest (orange label)</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<b>One specimen can be used for Chlamydia/GC and Trichomonas Testing</b>
Guidance document	<p>Collection instructions:</p> <ul style="list-style-type: none"> <li>• Cervix: <a href="https://interiorhealth.ca/unisex-swab-specimen-collection-ih-clinicians.pdf">unisex-swab-specimen-collection-ih-clinicians.pdf</a> (<a href="https://interiorhealth.ca">interiorhealth.ca</a>)</li> <li>• Urine: <a href="https://interiorhealth.ca/chlamydia-gc-and-or-trichomoniasis-urine.pdf">chlamydia-gc-and-or-trichomoniasis-urine.pdf</a> (<a href="https://interiorhealth.ca">interiorhealth.ca</a>)</li> <li>• Vagina: <a href="https://interiorhealth.ca/collection-of-vaginal-swab-for-chlamydia-gc-and-or-trichomoniasis.pdf">collection-of-vaginal-swab-for-chlamydia-gc-and-or-trichomoniasis.pdf</a> (<a href="https://interiorhealth.ca">interiorhealth.ca</a>)</li> </ul> <p>Ordering guides:</p> <ul style="list-style-type: none"> <li>• <a href="#">Vaginitis and Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions</a></li> <li>• <a href="#">Vaginitis and Sexually Transmitted Infection Testing- Okanagan Region</a></li> </ul>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 24 hours
Information for lab staff	<p>Orders:</p> <p>Female: <b>TRICHF</b></p> <p>Male: <b>TRICHM</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

Tularemia	
Ordering (clinical)	Serology: <b>Francisella (Tularemia) Serolog</b>
	PCR: <b>Francisella (Tularemia) PCR</b>
	Culture: <b>Francisella (Tularemia) Culture</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a> Culture: <a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special Considerations	<b>**Potential Biosafety Hazard**</b> <b>Clinician must call IH Microbiologist for approval.</b> <b>Include any relevant animal exposure or travel history.</b>
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Orders: Serology: <b>FRANCS</b> PCR: <b>FRANCSPCR</b> Culture: <b>FRANCSC</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>


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Urine Culture	
Ordering (clinical)	Midstream and catheter urines: <b>Urine C&amp;S</b> Surgically collected (cystoscopic, suprapubic aspirate, bladder aspirate, nephrostomy, ureteroscopy): <b>OR Urine C&amp;S</b>
Testing information	Aerobic culture
Specimen collection	<p>Grey top urine boric acid container</p>  <p>Transfer urine to grey top (boric acid) container immediately after collection to ensure specimen integrity.</p> <p>Sterile screw cap containers are accepted when volume collected is &lt; 5 mL (i.e. infants 0-12 months and patients with medical conditions that prevent larger volumes of urine).</p> <p>Refrigerate specimen (4°C) and transport to lab within 12 hours. Unpreserved specimens must be transported to the lab immediately.</p>
Special considerations	Urine should only be collected on symptomatic patients. Foul smelling/turbid urine is not an indication for testing as asymptomatic bacteriuria is common in elderly /catheterized patients and a major reason for inappropriate antibiotic use.
Guidance document	<p>Female: <a href="#">collection-of-midstream-urine-female-english.pdf (interiorhealth.ca)</a></p> <p>Male: <a href="#">collection-of-midstream-urine-male-english.pdf (interiorhealth.ca)</a></p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 48 hours
Information for lab staff	<p>Orders:</p> <p>Midstream and catheter urines: <b>CUURINE</b></p> <p>Surgically collected (cystoscopic, suprapubic aspirate, bladder aspirate, nephrostomy, ureteroscopy): <b>CUORURINE</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>
	<p><b>Related Documents:</b></p> <p><a href="#">CS 0079 Assessing Urine Samples for Culture Procedure</a></p> <p><a href="#">CS 0041 Preserving Urine for Culture and Sensitivity Procedure</a></p>


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Vagina, 14- 59 Years (Molecular Vaginitis Panel)	
Ordering (clinical)	14- 59 years, without relevant diagnosis: <b>Vagina14-59y BV/ Yeast/Trich</b>
Testing information	Molecular method, includes bacterial vaginosis, yeast and Trichomonas. <b>Note:</b> For Chlamydia/Gonorrhoeae testing, refer to <a href="#">Chlamydia and Gonorrhea- Sexually Transmitted Infection (STI) Molecular Testing</a>
Specimen collection	Aptima multitest (orange label)   Transport to lab within 12 hours. Refrigerate specimen (4°C).
Special considerations	Molecular vaginitis panel testing is validated for use on Aptima vaginal multitest (orange) swabs for females 14 to 59 years old who DO NOT have <b>relevant diagnoses</b> such as: <ul style="list-style-type: none"> <li>• pregnancy</li> <li>• intra-partum/post-partum infectious complications</li> <li>• post gynecological surgery</li> <li>• suspected pelvic inflammatory disease</li> <li>• toxic shock syndrome</li> </ul> If clinically indicated based on a relevant diagnosis, please recollect specimen appropriate for Gram smear/culture using eSwab or gel swab- see <a href="#">Vaginal Culture, Relevant Diagnosis</a>
Guidance document	Collection Instructions: <a href="#">patient-self-collection-vaginal-swab.pdf (interiorhealth.ca)</a> Ordering guides: <a href="#">Collection &amp; Ordering Job Aid for Vaginitis and Sexually Transmitted Infection Testing</a>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 24 hours
Information for lab staff	Order: <b>VAGMVP</b> Transport: TDG B packaging to microbiology lab within 12 hours.
	<b>Related Documents:</b> <a href="#">MB 0709 Outpatient Vaginitis Ordering Job Aid</a> <a href="#">MB 0708 Inpatient Vaginitis Ordering Job Aid</a>

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Vaginal Culture (Vaginitis), <14 years or >59 years	
Ordering (clinical)	<b>Vagina C&amp;S-Age&lt;14yr or &gt;59yr</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Swab in clear transport media.</p>  <p>Obtain secretions from the mucosal membrane of the vagina with a sterile swab.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	
Guidance document	<a href="#">Collection &amp; Ordering Job Aid for Vaginitis and Sexually Transmitted Infection Testing</a>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram smear: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p><b>CUVAGINAA</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Vaginal Culture, Relevant Diagnosis	
Ordering (clinical)	<b>Vagina C&amp;S-Relevant Diagnosis</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Swab in clear transport media.</p>  <p>Obtain secretions from the mucosal membrane of the vagina with a sterile swab</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<p>Relevant diagnoses include:</p> <ul style="list-style-type: none"> <li>• pregnancy</li> <li>• intrapartum/post partum infectious complications</li> <li>• post gynecological surgery infectious complications</li> <li>• suspected pelvic inflammatory disease</li> <li>• toxic shock syndrome</li> </ul> <p>If patient does not meet the criteria listed above, refer to:  <a href="#">Vaginal Culture, &lt; 14 years or &gt; 59 years</a> <b>OR</b>  <a href="#">Vagina, 14-59 years (Molecular Vaginitis Panel)</a></p>
Guidance document	<a href="#">Collection &amp; Ordering Job Aid for Vaginitis and Sexually Transmitted Infection Testing</a>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram smear: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p>Order: <b>CUVAGINAC</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

Vaginal Culture, Azole Failure	
Ordering (clinical)	<b>Vagina Yeast C&amp;S-Azole Failure</b>
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Swab in clear transport media.</p>  <p>Obtain secretions from the mucosal membrane of the vagina with a sterile swab</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<p>For patients that have failed Fluconazole failure for a laboratory confirmed yeast infection</p> <p>If patient does not meet the criteria listed above, refer to:  <a href="#">Vaginal Culture, &lt; 14 years or &gt; 59 years</a> <b>OR</b>  <a href="#">Vagina, 14-59 years (Molecular Vaginitis Panel)</a> </p>
Guidance document	<a href="#">Collection &amp; Ordering Job Aid for Vaginitis and Sexually Transmitted Infection Testing</a>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	<p>Gram smear: ≤ 24 hours</p> <p>Culture: ≤ 48 hours</p>
Information for lab staff	<p>Order: <b>CUVAGINAY</b></p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Vancomycin Resistant Enterococcus (VRE) Screen	
Ordering (clinical)	<b>ARO VRE Rectal</b>
Testing information	Screening culture for Vancomycin resistant strains of <i>Enterococcus</i> species
Specimen collection	<p>Swab in clear transport media.</p>  <p>Insert swab into the rectum just far enough to get swab stained with feces.</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	Performed only on renal patients who may be travelling and may require dialysis to be performed at a non-IH facility. All other requests must be approved by an IH Microbiologist.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 72 hours
Information for lab staff	<p>Order: <b>CUVRERECTAL</b></p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>

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Varicella Zoster Serology	
Ordering (clinical)	<b>Varicella (VZV) Serology IgG</b>
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p><b>OR</b></p> <p>Serum: Sterile container.</p> <p>Collect approximately 7mL of venous blood and allow to clot at room temperature for 1 hour. Centrifuge tube for 10 minutes at 1200 rcf and transfer serum to a sterile tube.</p>
Requisition	<a href="#">Serology Screening Requisition (elabhandbook.info)</a>
Special Considerations	For diagnosis of acute infection, see <a href="#">Herpes/VZV Viral Panel- Skin</a>
Test Performed at	BCCDC
Information for Lab Staff	<p>Order: <b>VARICIGG</b></p> <p>Ship and transport refrigerated. Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p>

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Water Sterility	
Ordering (clinical)	<b>Sterility Specimen Culture</b>
Testing information	Semi-quantitative aerobic culture
Specimen collection	Acceptable water samples: <ul style="list-style-type: none"> <li>• hemodialysis machines</li> <li>• reverse osmosis water</li> <li>• laboratory water</li> </ul> Submit in Millipore sampler, MicropreSure sampler device or sterile container.
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology Laboratories
Turnaround time after receipt at IH micro lab	≤ 7 days
Information for lab staff	Order: <b>CUENVIRO</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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West Nile Virus	
Ordering (clinical)	Serology: <b>West Nile Virus (WNV) Serology</b>
	PCR: <b>West Nile Virus (WNV) PCR</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Virology Requisition (elabhandbook.info)</a>
Special Considerations	<b>Include any relevant mosquito exposure or travel history.</b> Ensure both serology and PCR testing as been ordered.
Test Performed at	BCCDC
Information for Lab Staff	Orders: Serology: <b>WESTNS</b> PCR: <b>WESTNSPCR</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Whipple's Disease ( <i>Tropheryma whippelii</i> ) NAAT	
Ordering (clinical)	<b>Tropheryma (Whipples) PCR</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a> - "Whipple's Disease"
Requisition	<a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special Considerations	
Test Performed at	BCCDC
Information for Lab Staff	Orders: CSF: <b>WHIPPLESPCR</b> Tissue: <b>TROPHYRYMA</b>

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Worm Identification	
Ordering (clinical)	Microscopy: <b>Parasite Worm Identification</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">Parasitology Requisition (elabhandbook.info)</a>
Special Considerations	Submit worm or worm segments from suspected nematodes (round worms), cestodes (tapeworms), trematodes (flukes).
Test Performed at	BCCDC
Information for Lab Staff	Order: <b>PARAW</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Wound, Deep</b> Includes: amputation, animal or human bite, deep trauma, extensive burns, fasciitis, fistula/sinus, gangrene, necrotizing cellulitis, puncture or stab, trauma.	
Ordering (clinical)	<b>Wound C&amp;S Deep Tissue/Trauma</b>
Testing information	Gram smear and aerobic culture
Specimen collection	Swab in clear transport media.  <p>If swab collection, then site preparation is critical to proper culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab.</p> <p>Transport to lab within 12 hours. Room temperature storage.</p>
Special considerations	Tissue or aspirated specimens are optimal.
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: ≤ 3 hours Culture: ≤ 5 days
Information for lab staff	Orders: <b>CUWOUND</b> Transport: TDG B packaging to microbiology lab within 12 hours.

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<b>Wound, Superficial</b> <u>Intact:</u> acne, boil, cellulitis, eczema, folliculitis, impetigo, lesion, phlebitis, rash, skin fold <u>Broken:</u> abrasion, blister, carbuncle, laceration, hematoma, burns	
Ordering (clinical)	Intact: <b>Wound C&amp;S- Skin (Intact Surface)</b> Broken surface: <b>Wound C&amp;S- Skin (Broken Surface)</b> Chronic wound/Ulcer: <b>Wound C&amp;S- Ulcer/Chronic Wound</b> Post-operative surgical site: <b>Wound C&amp;S- PO Surgical Site</b>
Testing information	Gram smear and aerobic culture
Specimen collection	Swab in clear transport media.  Transport to lab within 12 hours. Refrigerate specimen (4°C).
Special considerations	
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram Smear: ≤ 24 hours Culture: ≤ 48 hours
Information for lab staff	Orders: Intact: <b>CUSKIN</b> Broken surface: <b>CUWOUND</b> Chronic wound/Ulcer: <b>CUWOUNDU</b> Post-operative surgical site: <b>CUPOINCIS</b>  Transport: TDG B packaging to microbiology lab within 12 hours.





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Yellow Fever Virus Serology	
Ordering (clinical)	Serology: <b>Yellow Fever Serology</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<b>Include any relevant travel history.</b>
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Order: <b>YELLOWFS</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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Yersinia pestis	
Ordering (clinical)	Serology: <b>Yersinia pestis (Plague) Serology</b>
	Culture: <b>Yersinia pestis(Plague) Culture</b>
Specimen Collection	Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>
Requisition	Serology: <a href="#">ZEPRequisition (elabhandbook.info)</a> Culture: <a href="#">BacteriologyMycologyRequisition (elabhandbook.info)</a>
Special Considerations	<b>**Potential Biosafety Hazard**</b> <b>Clinician must call IH Microbiologist for approval.</b> <b>Include any relevant travel history.</b>
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Orders: Serology: <b>YERPESTISS</b> Culture: <b>YERPESTISC</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>

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<b>Zika Virus</b>	
Ordering (clinical)	PCR: <b>Zika Virus PCR</b> (preferred)
	Serology: <b>Zika Virus Serology</b> (restricted ordering- see below)
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a></p> <p><b>PCR:</b>            Blood (preferred): EDTA (purple top) tube              Serum: Sterile container              Urine: Submit in sterile screw top container              Nasopharyngeal: Submit in COPAN red top tube with UTM- only if respiratory symptoms  </p>
Requisition	<a href="#">ZEPRequisition (elabhandbook.info)</a>
Special Considerations	<p><b>PCR is the preferred method for Zika Virus diagnosis.</b> To qualify for this testing, the following information must be provided:</p> <ul style="list-style-type: none"> <li>• Travel history (including dates)</li> <li>• Prenatal status (if applicable)</li> <li>• Details of symptoms (if applicable)</li> <li>• Time frame of symptom onset (if applicable)</li> </ul> <p>Serology testing is restricted to the following situations and should be submitted <u>with concurrent PCR specimen</u>:</p> <ul style="list-style-type: none"> <li>• Cases suspected or confirmed ZIKV infection in pregnancy and fetal anomaly on antenatal ultrasound (e.g., microcephaly, CNS calcifications, and arthrogryposis)</li> <li>• Infants born to a woman with confirmed or suspected ZIKV infection during pregnancy, or with suspected congenital infection</li> </ul>
Test Performed at	BCCDC
Information for Lab Staff	PCR: <b>ZIKAPCR</b> Serology: <b>ZIKA</b>
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: <a href="#">eLab Handbook</a>



Health and well-being for all



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