

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

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- PCR
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Microbiology Tests

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- [≥ 18 years](#)

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Microbiology Tests

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Microbiology Tests

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- Urine antigen
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Microbiology Tests

Leishmania

- Culture
- PCR
- Serology

Leptospira

- PCR
- Serology

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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

Mpox (Monkeypox) Virus NAAT

MRSA Screen

Mumps

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- PCR

Mycobacterium/ TB

Mycoplasma/Ureaplasma (Genital) NAAT

N

Nasal Screen- S. aureus (pre-surgical)

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Ova & Parasite



Microbiology Tests

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Microbiology Tests

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- Serology



Microbiology Tests

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

[Vaginal Culture, Relevant Diagnosis](#)

Varicella zoster virus (VZV)

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

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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
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Bacterial Culture Orders:

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[Abscess Culture, Superficial](#)

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[Urine Culture](#)

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

[Vaginal Culture, Relevant Diagnosis](#)

[Wound, Deep](#)

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Commonly Ordered Microbiology Sources:

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<u>Amniotic Fluid</u>	<u>Nail</u>
<u>Ascites</u>	<u>Nasal</u>
<u>Blood</u>	<u>Nasopharynx</u>
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<u>Bronchial Lavage/Wash</u>	<u>Peritoneal Fluid</u>
<u>Bursa Fluid</u>	<u>Peritoneal Dialysis Fluid</u>
<u>Cardiac Implanted Device</u>	<u>Pleural Fluid/Empyema</u>
<u>Catheter Site (Non-Vascular)</u>	<u>Prosthetic Device</u>
<u>Catheter Site (Vascular)</u>	<u>Prosthetic Joint Fluid</u>
<u>Catheter Tip (Vascular)</u>	<u>Prosthetic Joint Tissue</u>
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<u>Ear</u>	<u>Urethra</u>
<u>Endotracheal/ Endobronchial aspirate</u>	<u>Urine</u>
<u>Eye, deep/surgical</u>	<u>Vagina, < 14 or > 59 years</u>
<u>Eye, conjunctiva</u>	<u>Vagina, 14- 59 years</u>
<u>Genital Ulcer</u>	<u>Vitreous Fluid</u>
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Abdominal (GI) Fluid

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[TB/Mycobacteria Culture](#)

Abscess, Deep

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

Abscess, Superficial

[Culture and Sensitivity](#)

Amniotic Fluid

[Culture and Sensitivity](#)

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Ascites

[Culture and Sensitivity](#)

[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

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[Fungal Culture](#)

[TB/Mycobacteria Culture](#)

Blood products

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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](#)

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Hair

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

Implanted Device

[Culture and Sensitivity](#)

Joint (Synovial) Fluid

[Culture and Sensitivity](#)

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[TB/Mycobacteria Culture](#)

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[Fungal Culture](#)

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Nasal

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

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

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Nasopharynx

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Pericardial Fluid

[Culture and Sensitivity](#)

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[TB/Mycobacteria Culture](#)

Peritoneal Fluid

[Culture and Sensitivity](#)

[Fungal Culture](#)

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Peritoneal Dialysis Fluid

[Culture and Sensitivity](#)

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[TB/Mycobacteria Culture](#)

Pleural Fluid/ Empyema

[Culture and Sensitivity](#)

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[Chlamydia and Gonorrhea NAAT](#)

[Mycoplasma/Ureaplasma NAAT](#)

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Vagina, <14 or >59 years

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[Genital Mycoplasma/Ureaplasma NAAT](#)

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Vagina, 14- 59 years

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[Chlamydia and Gonorrhea NAAT](#)

[Vaginal/Rectal GBS Screen](#)

[Genital Mycoplasma/Ureaplasma NAAT](#)

[Trichomonas NAAT](#)


Vitreous Fluid

[Culture and Sensitivity](#)


[Fungal Culture](#)

[TB/Mycobacteria Culture](#)







Abscess, Deep Includes: fluid and aspirate specimens	
Ordering (clinical)	Fluid/Aspirate C&S- Abscess
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: CUABSCSSD Transport: TDG B packaging to microbiology lab within 12 hours.

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Abscess, Superficial	
Ordering (clinical)	Wound C&S- Abscess/Pus (Swab)
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 Abscess, Deep .
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: CUABSCCESS Transport: TDG B packaging to microbiology lab within 12 hours.

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Acanthamoeba keratitis Culture	
Ordering (clinical)	Parasite-Acanthamoeba
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook – "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>DO NOT REFRIGERATE- TRANSPORT AT ROOM TEMPERATURE.</p>
Requisition	Parasitology Requisition (elabhandbook.info)
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>ACANTHAMOEBA</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: eLab Handbook</p>

Adenovirus (Non-Respiratory Sources)	
Ordering (clinical)	PCR: Adenovirus PCR (XSP)
	Viral Load: Adenovirus Viral Load (XCW)
Specimen collection	<p><u>PCR:</u> For NP swabs, refer to Expanded Respiratory Pathogen Panel</p> <p>For other specimens, consult IH Microbiologist. Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog – "PCR Amplification PHC"</p> <p><u>Viral Load:</u> Blood- Red top vacutainer (no additive)</p>  <p>Refer to BCCDC's eLab Handbook: eLab Handbook – "Adenovirus Viral Load"</p>
Requisition	<u>Viral Load:</u> CW Lab Requisition (elabhandbook.info)
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: ADENOPCR
	Viral Load: ADENOVL
	<p>Storing, Packaging and Transport:</p> <p><u>PCR:</u> Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog</p> <p><u>Viral Load:</u> Refer to BCCDC's eLab Handbook: eLab Handbook</p>







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

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Anaplasma Serology	
Ordering (clinical)	Anaplasma Serology
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook – “Anaplasma Serology”
Requisition	ZEPRequisition (elabhandbook.info)
Special considerations	Include any relevant travel history. 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: ANAPLAS
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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Anthrax (<i>Bacillus anthracis</i>) Culture	
Ordering (clinical)	Bacillus anthracis Culture
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook – "Anthrax"</p> <p>Sputum: Collect > 1 mL of a lower respiratory specimen in a sterile screw top container.</p>  <p>Feces: Collect specimen in a sterile screw cap container.</p>  <p>Skin Lesion: 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	BacteriologyMycologyRequisition (elabhandbook.info)
Special considerations	<p>**Potential Biosafety Hazard**</p> <p>Clinician must call IH Microbiologist for approval.</p> <p>Include any relevant travel / exposure history.</p> <p>Culture is performed in a Level 3 Laboratory.</p>
Test performed at	BCCDC
Information for lab staff	<p>Order: BACANTC</p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Note: Culture isolates require TDG A shipping</p>

Babesia Serology	
Ordering (clinical)	Babesia Serology
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook – “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	ZEPRequisition (elabhandbook.info)
Special considerations	<p>Include any relevant travel history.</p> <p>Note: 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: BABESS</p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook</p>

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

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Biopsy Culture	
Ordering (clinical)	Biopsy C&S
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: CUBIOPSY</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: BKV PCR Pediatric
	Viral Load: BKV Viral Load Pediatric
	Note: If patient is being followed by Alberta Health Services, order BKV PCR/Viral Load (Calgary)
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook – “BK Virus”
Requisition	CW Lab Requisition (elabhandbook.info)
Special considerations	
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Serology: N/A
	PCR: BKVPCRPEDS
	Viral Load: BKVVLPED
	Note: if patient is being followed by Alberta Health Services, order BKVPCRPH
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

BK Virus (patient ≥ 18 years)	
Ordering (clinical)	Serology: N/A
	PCR: BKV PCR Adult
	Viral Load: BKV Viral Load Adult
	Note: if patient is being followed by Alberta Health Services, order BKV PCR/Viral Load (Calgary)
Specimen Collection	Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog – "Polyomavirus"
Requisition	Providence Health Virology Requisition
Special Considerations	
Test Performed at	St. Paul's Hospital
Information for Lab Staff	Serology: N/A
	PCR: BKVPCRADULT
	Viral Load: BKVVLADULT
	Note: if patient is being followed by Alberta Health Services, order BKVPCRFH
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog

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

Blood Culture	
Ordering (clinical)	<p>Adult: Blood C&S- Venipuncture</p> <p>Adult Line Collection: Blood C&S- Line Collection</p> <p>Pediatric: Blood C&S- Pediatric</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 MUST 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: 07 Collecting a Blood Sample for Blood Culture Procedure (labqms.com)</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"> • Best Practices for Bacterial Blood Culture- for Clinicians • Blood Specimen Collection - Nursing Toolkit (interiorhealth.ca) • Collecting a Blood Sample for Blood Culture Procedure
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: OR Fluid/Aspirate C&S DI/ED/Inpatient Ward: Fluid/Aspirate C&S
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>Swabs are suboptimal and are not recommended.</p> <p>If existing catheter drain or stent, refer to Drainage Culture. If fungal testing required, refer to Fungal Culture, Deep. If Mycobacteria testing required, refer to Mycobacterium Culture.</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: CUORFLUID DI/ED/Inpatient Ward: CUFLUID</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Bone Marrow	
Ordering (clinical)	Bone Marrow C&S
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"> • 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 • If less than 1 mL obtained, aseptically inoculate entire specimen into pediatric blood culture bottle. <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: CUBONEMAR Transport: TDG B packaging to microbiology lab within 12 hours.

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Bordetella Pertussis NAAT	
Ordering (clinical)	Pertussis (Whooping Cough)
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook – “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	BacteriologyMycologyRequisition (elabhandbook.info)
Special considerations	
Test Performed at	BCCDC
Information for Lab Staff	Order: PERTUSSIS
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook

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

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


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

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

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Candida auris Screen	
Ordering (clinical)	ARO C. auris Groin/Axilla
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: CUCANAUR</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: ARO CPO Rectal Outbreak or exposure investigation (<u>as directed by Infection Control</u>): ARO CPO Xposure
Testing information	Screening culture for Carbapenemase producing organisms
Specimen collection	<p>Rectal: Swab in clear transport media.</p>  <p>Insert 3-4 cm into rectum and gently rotate</p> <p>Stool: 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: CUCPORECTAL Exposure: CUCPOOUTBREAK Transport: TDG B packaging to microbiology lab within 12 hours.

Catheter Site Culture (Non-Vascular) Includes: peritoneal, pigtail, Tenckhoff, Axiom, chest, feeding (PEG), G or J tube, Hemovac, Malecot, Penrose, Saratoga, T-tube (biliary).	
Ordering (clinical)	Catheter Site (Non-Vascular) C&S
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	Note: 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: CUCATHSITEN 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)	Catheter Site (Vascular) C&S
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 Catheter Tip/Line Culture .
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: CUCATHSITE 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: Catheter Tip (Vascular) C&S
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	Note: 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): CUIVLINE Transport: TDG B packaging to microbiology lab within 12 hours.

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Cervix Culture (Non-CT/GC Cervicitis)	
Ordering (clinical)	Cervix C&S- Relevant Diagnosis
Testing information	<p>Gram smear and aerobic culture</p> <p>Note: For Chlamydia and Gonorrhea, refer to Chlamydia and Gonorrhea- Sexually Transmitted Infection (STI) Molecular Testing</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>Vaginitis and Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions</p> <p>Vaginitis and Sexually Transmitted Infection Testing- Okanagan Region</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>CUCERVIX</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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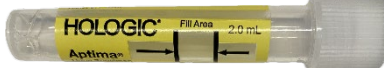



Chagas- American Trypanosomiasis Serology	
Ordering (clinical)	Trypanosoma (Chagas) Serology
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook
Requisition	ZEPRequisition (elabhandbook.info)
Special considerations	Include any relevant travel history.
Test performed at	National Microbiology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

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Chikungunya virus	
Ordering (clinical)	Serology: Chikungunya Virus Serology
	PCR: Chikungunya Virus PCR
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR</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	ZEPRequisition (elabhandbook.info)
Special considerations	<p>Include any relevant travel history.</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: CHIKUS
	PCR: CHIKUSPCR
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook

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

Ordering (clinical)	<p>Cervix: Cervix-Chlamydia/GC NAAT</p> <p>Eye: refer to Chlamydia trachomatis NAT- Eye Specimen</p> <p>Rectal: Rectal-Chlamydia/GC NAAT</p> <p>Throat: Throat-Chlamydia/GC NAAT</p> <p>Urethra: Urethra-Chlamydia/GC NAAT</p> <p>Urine: Urine-Chlamydia/GC NAAT</p> <p>Vagina: Vagina-Chlamydia/GC NAAT</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 multitest 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 multitest (orange 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"> Rectal: 828837-patient-self-collection-rectal-swab.pdf (interiorhealth.ca) Throat: 828835-patient-self-collection-throat-swab.pdf (interiorhealth.ca) Urine: chlamydia-gc-and-or-trichomoniasis-urine.pdf (interiorhealth.ca) Vagina: collection-of-vaginal-swab-for-chlamydia-gc-and-or-trichomoniasis.pdf (interiorhealth.ca) <p>Provider collection instructions:</p> <ul style="list-style-type: none"> Cervix: unisex-swab-specimen-collection-ih-clinicians.pdf (interiorhealth.ca) Urethra: unisex-swab-specimen-collection-ih-clinicians.pdf (interiorhealth.ca) <p>Ordering guides: Vaginitis & Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions Vaginitis & Sexually Transmitted Infection Testing- Okanagan Region</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: CHLGCCERVIX</td> <td>Urethra: CHLURETHRA</td> </tr> <tr> <td>Rectal: CHLGCRECTAL</td> <td>Urine: CHLGCURINE</td> </tr> <tr> <td>Throat: CHLGCTHROAT</td> <td>Vagina: CHLGCVAGINA</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"> 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" 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. 	Cervix: CHLGCCERVIX	Urethra: CHLURETHRA	Rectal: CHLGCRECTAL	Urine: CHLGCURINE	Throat: CHLGCTHROAT	Vagina: CHLGCVAGINA
Cervix: CHLGCCERVIX	Urethra: CHLURETHRA						
Rectal: CHLGCRECTAL	Urine: CHLGCURINE						
Throat: CHLGCTHROAT	Vagina: CHLGCVAGINA						

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

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

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

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Clostridioides difficile Testing	
Ordering (clinical)	Stool- C. difficile Toxin
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"> • Test of choice when there is high initial clinical suspicion of <i>C. difficile</i> • <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 Infectious Diarrhea Panel
Guidance document	<p>Collection Instructions: collection-of-stool-for-clostridium-difficile.pdf (interiorhealth.ca)</p> <p>Ordering guides:</p> <ul style="list-style-type: none"> • GI Ordering Job Aid - Inpatients and Long Term Care • GI Ordering Job Aid- Outpatients • GI Ordering Job Aid - Emergency Department
Test performed at	IH Microbiology Laboratories
Turnaround time after receipt at IH micro lab	≤ 12 hours
Information for lab staff	<p>Order: CDIFF</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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

Covid-19 (SARS-CoV-2), Influenza A, Influenza B, Respiratory syncytial virus	
Ordering (clinical)	<p>Acute Care: Nasopharyngeal swab: Virus Covid/Flu - Nasopharynx Bronchial wash/lavage: Virus Covid/Flu - Bronch Wash Endotracheal aspirate: Virus Covid/Flu - Endotracheal Sputum: Virus Covid/Flu - Sputum Throat: Virus Covid/Flu - Throat</p> <p>Long-term care: see Expanded Respiratory Pathogen Panel (Magpix)</p> <p>Note: If provider has requested “Magpix” or testing for other pathogens such as Legionella, see Expanded Respiratory Pathogen Panel (Magpix)</p>
Testing information	Molecular method
Specimen collection	<p><u>Nasopharyngeal swab:</u> Universal Transport Medium for Virus (i.e. red-topped Copan Swab)</p> 
	<p><u>Bronchial wash, Sputum or Endotracheal aspirate:</u> 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><u>Throat:</u> <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.


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"> • NP Swab: Nasopharyngeal Flocked Swabs and UTM Collection • Sputum: collection-of-sputum-for-culture-and-sensitivity.pdf <p>Ordering guides:</p> <ul style="list-style-type: none"> • Acute Care: respiratory-viral-testing-ordering-chart-om-flu-season-acute-care.pdf (interiorhealth.ca) • Long Term Care: respiratory-viral-testing-ordering-chart-om-flu-season-long-term-care.pdf (interiorhealth.ca) <p>Important Lab Update: respiratory-viral-testing-important-lab-update-long-term-care.pdf (interiorhealth.ca)</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>Acute Care:</p> <p>Nasopharyngeal swab: VIRRESPN</p> <p>Bronchial wash/lavage: VIRRESPBRW</p> <p>Endotracheal aspirate: VIRRESPETT</p> <p>Sputum: VIRRESPSP</p> <p>Throat: VIRRESPT</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p> <p>Long-term care: see Expanded Respiratory Pathogen Panel (Magpix)</p> <p>Outpatient: Nasopharyngeal swab: VIRCOV19OPNP</p>

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

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Creutzfeldt-Jacob Disease	
Ordering (clinical)	Creutzfeldt-Jacob (CJD) CSF
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook – "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	ZEPRequisition (elabhandbook.info)
Special Considerations	<p>**Potential Biosafety Hazard**</p> <p>Clinician must call IH Microbiologist for approval.</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: CJDELISA</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: eLab Handbook.</p>

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

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Cytomegalovirus PCR and Viral Load (< 18 years)	
Ordering (clinical)	Serology: See Cytomegalovirus Serology
	PCR: CMV PCR (Pediatric)
	Viral Load: CMV Viral Load Pediatric
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook
Requisition	CW Lab Requisition (elabhandbook.info)
Special considerations	
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Serology: N/A
	PCR: CMVPCRPE
	Viral Load: CMVVLPED
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook
	Note: DO NOT DELAY SEND OUT , results are critical for transplant patient management.

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Cytomegalovirus PCR and Viral Load (≥ 18 years)	
Ordering (clinical)	Serology: See Cytomegalovirus Serology
	PCR: CMV PCR Adult
	Viral Load: CMV Viral Load Adult
Specimen Collection	Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog
Requisition	Providence Health Virology Requisition
Special Considerations	
Test Performed at	St. Paul's Hospital
Information for Lab Staff	Serology: N/A
	PCR: CMVPCRADULT
	Viral Load: CMVVLADULT
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog Note: DO NOT DELAY SEND OUT , results are critical for transplant patient management.

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Cryptococcal Antigen Screen	
Ordering (clinical)	Cryptococcal Ag Screen
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 Molecular meningitis/encephalitis panel</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: CRYPTOAG</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>


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CSF Culture	
Ordering (clinical)	CSF Fluid C&S Please indicate if: <ul style="list-style-type: none"> collected from shunt/drain or catheter. history of chronic otitis media, mastoiditis, chronic sinusitis, epidural shunt or brain abscess.
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	**Please alert IH Microbiologist if patient is suspected of or known to have Creutzfeldt-Jacob disease (CJD)** For non-microbiology testing, refer to the Guide to Laboratory Services Test Directory . Tube #1: Hematology. Tube #2: Microbiology. Tube #3: Chemistry. Tube #4: Hematology/Additional Tests.
Guidance document	Ordering Pathway for Microbiology Testing on Adult Patients with Suspected Meningoencephalitis
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: CUCSF Transport: TDG B packaging to microbiology lab within 12 hours.

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Dengue Virus	
Ordering (clinical)	Serology: Dengue Fever Virus Serology
	PCR: Dengue Fever Virus PCR
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p><u>Clotted Blood</u>: SST (gold top). Allow to clot at room temperature.</p>  <p>OR</p> <p><u>Serum</u>: Sterile container. Serum may be separated from clotted blood.</p>
Requisition	ZEPRequisition (elabhandbook.info)
Special considerations	<p>Include any relevant travel history.</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: DENGUS</p> <p>PCR: DENGUSPCR</p>
	Refrigerate sample before and after transport. Refer to BCCDC's eLab Handbook: eLab Handbook



Dialysis Fluid	
Ordering (clinical)	Fluid/Aspirate C&S- Dialysis
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>*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	Gram Smear: STAT, < 1 hour Culture: 5 days
Information for lab staff	Order: CUFLUIDPD 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: Diphtheria Culture
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook
Requisition	Serology: BacteriologyMycologyRequisition (elabhandbook.info)
Special considerations	<p>Clinician must call IH Microbiologist for approval</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"> • 16 years of age or less • organ transplant patient
Test performed at	BCCDC
Information for lab staff	Serology: DIPHTHA
	PCR: N/A
	Culture: DIPHTHC
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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Drainage Culture Includes: peritoneal, pigtail, Axiom, chest, feeding (PEG), G or J tube, Hemovac, Malecot, Penrose, Saratoga, T-tube (biliary).	
Ordering (clinical)	Drainage fluid: Fluid/Aspirate C&S- Existing Tube/Drain Drainage tube site: Wound C&S- Tube/Drain Site
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Drainage Fluid: Submit in sterile screw top container.</p>  <p>Aseptically collect fluid from disinfected existing drainage tube. Do not collect specimen that has pooled into the collection reservoir.</p> <p>Drainage Tube Site: 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: CUFLUIDD Drainage tube site: CUTUBESITE Transport: TDG B packaging to microbiology lab within 12 hours.

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Ear Culture	
Ordering (clinical)	Ear C&S -Canal/Drainage Fluid
Testing information	Gram smear and aerobic culture.
Specimen collection	<p>Swab in clear transport media.</p>  <p>Otitis Media: (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>Otitis Externa: (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 Body Fluid Culture</p>
Guidance document	Not applicable
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Gram stain: ≤ 24 hours Culture: ≤ 48 hours
Information for lab staff	Order: CUEAR Transport: TDG B packaging to microbiology lab within 12 hours.

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Ebola Virus	
Ordering (clinical)	Serology: Ebola Serology *SAFETY*
	PCR: Ebola Virus PCR *SAFETY*
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</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>OR Whole Blood: 2 tubes x 5 mL in EDTA. Do not open the purple top tube after collection.</p>  <p>OR 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	Virology Requisition (elabhandbook.info)
Special considerations	<p>**Potential Biosafety Hazard**</p> <p>Clinician must call IH Microbiologist for approval.</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>Include any relevant travel history.</p>
Test performed at	National Microbiology Laboratory (NML)- via BCCDC



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

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

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

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Ectoparasite Identification (Lice, Scabies, Tick)	
Ordering (clinical)	Lice: Lice Exam Scabies: Scabies Exam Tick: Tick Identification
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook – "Ectoparasite Identification" or "Scabies Identification"</p> <p>Lice and Tick: Submit arthropod in sterile screw cap container.</p>  <p>Dead: Submit dry in 70% alcohol Alive: Submit with slightly moistened cotton</p> <p>Scabies: 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	Parasitology Requisition (elabhandbook.info)
Special Considerations	
Test Performed at	BCCDC
Information for Lab Staff	Order: Tick: PARASCABIE Lice: PARALICE Scabies: PARASCLI
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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Ehrlichia chaffeensis	
Ordering (clinical)	Serology: Ehrlichia Serology
	PCR: Contact IH Microbiologist
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook
Requisition	ZEPRequisition (elabhandbook.info)
Special considerations	Include any relevant travel history. 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: EHRRICS PCR: ST - if approved by microbiologist
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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

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Health and well-being for all



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

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

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

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Epstein-Barr Virus NAAT (patients < 18 years)	
Ordering (clinical)	Serology: see Epstein-Barr Virus Serology
	PCR: EBV PCR (Pediatric)
	Viral Load: EBV Viral Load Pediatric
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook – "EBV"
Requisition	CW Lab Requisition (elabhandbook.info)
Special considerations	
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Orders: Serology: see Epstein-Barr Virus Serology PCR: EBVPCRPE Viral Load: EBVVLPE
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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Epstein-Barr Virus NAAT (patients ≥ 18 years)	
Ordering (clinical)	Serology: see Epstein-Barr Virus Serology
	PCR: EBV PCR Adult
	Viral Load: EBV Viral Load Adult Note: if patient is being followed by Alberta Health Services, order EBV PCR/Viral Load (Calgary)
Specimen collection	Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog – "EBV"
Requisition	Providence Health Virology Requisition
Special considerations	
Test performed at	St. Paul's Hospital
Information for lab staff	Orders: Serology: see Epstein-Barr Virus Serology PCR: EBVPCRADULT Viral Load: EBVVLADULT Note: If patient is being followed by Alberta Health Services, order EBVPCRFB
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog

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

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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>Acute Care:</p> <p>Nasopharyngeal swab: Virus Covid/Flu+Magpix - Nasoph</p> <p>Bronchial wash/lavage: Virus Covid/Flu+Magpix-BronchW</p> <p>Endotracheal aspirate: Virus Covid/Flu+Magpix-Endotra</p> <p>Sputum: Virus Covid/Flu+Magpix-Sputum</p> <p>Throat: Virus Covid/Flu+Magpix-Throat</p> <p>Long-term care:</p> <p>Nasopharyngeal swab: LTC Covid/Flu+Magpix-Nasoph</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>Throat:</p> <p><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></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>Adults:</p> <ul style="list-style-type: none"> • Outbreak • Immunocompromised patients • Atypical respiratory pathogen suspected (<i>Mycoplasma pneumoniae</i>, <i>Chlamydia pneumoniae</i>, <i>Legionella pneumophila</i>*) • Cohorting for admitted patients • Medically complex cases where a viral diagnosis will inform management decisions • A returned traveller who is febrile and suspected of viral illness <p>Note: Magpix is not available for outpatients or patients who will be discharged from emergency</p> <p>Pediatrics:</p> <ul style="list-style-type: none"> • Infants <3 months old OR • Patients < 18 years old with at least one of the following clinical criteria: <ul style="list-style-type: none"> ○ Hospitalization due to respiratory illness ○ Atypical respiratory pathogen suspected (<i>Mycoplasma pneumoniae</i>, <i>Chlamydia pneumoniae</i>, <i>Legionella pneumophila</i>*) ○ Immunocompromised ○ Medically complex cases where a viral diagnosis will inform management decisions ○ Prolonged fever ≥ 5 days ○ A returned traveller who is febrile and suspected of viral illness <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"> NP Swab: Nasopharyngeal Flocked Swabs and UTM Collection Sputum: collection-of-sputum-for-culture-and-sensitivity.pdf (interiorhealth.ca) <p>Ordering guides:</p> <ul style="list-style-type: none"> Acute Care: respiratory-viral-testing-ordering-chart-om-flu-season-acute-care.pdf (interiorhealth.ca) Long Term Care: respiratory-viral-testing-ordering-chart-om-flu-season-long-term-care.pdf (interiorhealth.ca) <p>Important Lab Update: respiratory-viral-testing-important-lab-update-long-term-care.pdf</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>Acute Care:</p> <p>Nasopharyngeal swab: VIRRMAGN</p> <p>Bronchial wash/lavage: VIRRMAGBRW</p> <p>Endotracheal aspirate: VIRRMAGETT</p> <p>Sputum: VIRRMAGSP</p> <p>Throat: VIRRMAGT</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p> <p>Long-term care:</p> <p>Nasopharyngeal swab: LTCVIRRESPN</p>

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Eye Culture, Deep	
Ordering (clinical)	<p>Corneal scraping: Eye C&S Corneal Scrapings</p> <p>Contact lens and cornea rim (donor): Implant/Medical Device C&S</p> <p>Ocular/ Vitreous fluid: Fluid C&S- Aspirate/Tap</p>
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	<p>Gram smear: STAT, ≤ 1 hour</p> <p>Culture: ≤ 5 days</p>
Information for lab staff	<p>Orders:</p> <p>Corneal scraping: CUEYECOR</p> <p>Contact lens and cornea rim (donor): CUIMPLANT</p> <p>Ocular fluid: CUFLUID</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Eye Culture, Superficial	
Ordering (clinical)	Conjunctiva/lacrimonal: Eye C&S- Conjunctiva/Lacrimonal
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"> • If eyelid or cellulitis, refer to Wound, Superficial (intact skin). • For surgically collected specimens, refer to Eye Culture, Deep. • For sexually transmitted infections, refer to Chlamydia trachomatis NAAT- Eye
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: CUEYE</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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



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Fungal Culture, Deep	
Ordering (clinical)	<p>Abscess: Fungus- Abscess</p> <p>Blood: Fungus- Blood/Bone Marrow</p> <p>Fluid: Fungus- Fluid/Aspirate</p> <p>Respiratory: Fungus-Respiratory/Bronchial</p> <p>Tissue: Fungus- Tissue/Biopsy</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>Transport to lab within 12 hours at room temperature.</p>
Special considerations	<p>If <i>Blastomyces</i>, <i>Coccidioides</i>, <i>Histoplasma</i> or <i>Paracoccidioides</i> suspected, consult IH Microbiologist before collecting specimen as special laboratory precautions are required.</p> <p>Specimens that are unsuitable for fungal culture:</p> <ul style="list-style-type: none"> specimens received on a swab specimens from the following sources: sputum, urine, stool, vaginal
Guidance document	Not applicable
Test performed at	<ul style="list-style-type: none"> Okanagan Region, Revelstoke and Salmon Arm: IHKGH (exception: Blood specimens are tested at BCCDC) TCS and Kootenay Regions: BCCDC <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>
Information for lab staff	<p>Abscess: MYCABSCESS Respiratory: MYCRESP</p> <p>Blood: MYCBLOOD Tissue: MYCTISSUE</p> <p>Fluid: MYCFLUID</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>


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Fungal Culture, Superficial (Dermatophytes)	
Ordering (clinical)	Hair: Fungus- Hair Skin: Fungus- Skin Scrapings Nails: Fungus- Nail/Nail Clippings
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: MYCHAIR Skin: MYCSKIN Nails: MYCNAIL Transport: TDG B packaging to microbiology lab within 12 hours.




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Galactomannan Antigen EIA	
Ordering (clinical)	Galactomannan Antigen
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook- "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	ZEPRequisition (elabhandbook.info)
Special considerations	Order must be approved by IH Microbiologist.
Test performed at	BC Children's and Women's (XCW)
Information for lab staff	Order: GALACTOAG
	<p>Ship on dry ice.</p> <p>Refer to BCCDC's eLab Handbook : eLab Handbook</p>


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Gastric Biopsy Culture	
Ordering (clinical)	H pylori C&S
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"> • Clinician must call IH Microbiologist for approval • All requests for gastric biopsy culture must be approved by an IH microbiologist at least 4 days prior to collection. • If approval is obtained, pick up Portagerm pylori transport media from the laboratory on the day of the biopsy • Eligibility for testing is restricted to failure of two 14 day treatment regimens of quadruple therapy.
Guidance document	<p>Portagerm pylori, physician instructions for use: Instructions for Use: Portagerm Pylori</p> <p>Important lab update: ILU 23-56 Availability of C&S for H. pylori from gastric biopsy specimens</p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 10 days
Information for lab staff	<p>Order: CUHPYLOSC</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Genital Mycoplasma/Ureaplasma NAAT	
Ordering (clinical)	Genital Mycoplasma/Ureaplasma
Specimen Collection	<p>Refer to NML Guide to Services: Molecular Detection of Mutations Associated with Antimicrobial Resistance - Guide to Services - CNPHI (canada.ca)</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	Molecular Detection of Mutations Associated with Antimicrobial Resistance - Guide to Services - CNPHI (canada.ca)
Special Considerations	
Test Performed at	National Microbiology Laboratory (NML)- via BCCDC
Information for Lab Staff	Order: GENMYCOPCR
	Store and ship refrigerated: Refer to NML Guide to Services: Molecular Detection of Mutations Associated with Antimicrobial Resistance - Guide to Services - CNPHI (canada.ca)


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Genital, Superficial Skin (Bacterial Culture)	
Ordering (clinical)	<p>Penis/ Foreskin/Shaft/Urinary meatus: Penis C&S- Skin Swab Labia/Vulva: Wound C&S- Skin (Intact Surface) Urethra: Urethral/Penis Culture</p> <p>For genital ulcers, refer to Genital Ulcer</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: CUPENIS Labia/Vulva: CUSKIN Urethra: UREC Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Gonorrhoea Culture	
Ordering (clinical)	<p>Cervix: Cervix- GC (Gonorrhea) Culture</p> <p>Eye: Eye- GC(Gonorrhea) Culture</p> <p>Rectal: Rectal-Gonorrhea (GC) Culture</p> <p>Throat: Throat Gonorrhea (GC) Culture</p> <p>Urethra: Urethra-GC (Gonorrhea) Culture</p>
Testing information	Gram smear and aerobic culture, including <i>Neisseria gonorrhoeae</i>
Specimen collection	<p>Swab in clear transport media.</p>  <p>Cervix: 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>Eye: 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>Rectal: 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>Throat: Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas.</p> <p>Urethra: 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 Chlamydia and Gonorrhea- STI Molecular Testing
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: CUCERVIXGC Throat: CUTHROATGC</p> <p>Eye: CUEYEGC Urethra: CUURETHRAGC</p> <p>Rectal: CURECTALGC</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

Group A Streptococcus (Throat)	
Ordering (clinical)	Throat C&S/ NAAT Group A Strep
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: THRPCR Outpatients: CUTHROAT Transport: TDG B packaging to microbiology lab within 12 hours.




Group B Streptococcus Screen	
Ordering (clinical)	Vaginal/Rectal GBS Screen
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: CUGBS</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>


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

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Hantavirus	
Ordering (clinical)	Serology: Hanta virus Serology
	PCR: Hanta Virus PCR
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR 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	ZEPRequisition (elabhandbook.info)
Special considerations	<p>**Potential Biosafety Hazard**</p> <p>Clinician must call IH Microbiologist for approval. 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: HANTAS PCR: HANTASPCR</p>
	<p>Store and ship refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Note: These specimens require TDGA transport, refer to:</p> <ul style="list-style-type: none"> SA 0126 Packaging Instructions for Category A Infectious Substance Procedure SA 0201 Hantavirus Serology Ordering and Communication Process

Helicobacter pylori Serology	
Ordering (clinical)	H pylori Serology
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Preferred specimens: <u>Clotted Blood</u>: SST (gold top). Allow to clot at room temperature.</p>  <p><u>Serum</u>: 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>
Requisition	Serology Screening Requisition (elabhandbook.info)
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 Helicobacter pylori stool antigen test (SAT)
Test performed at	BCCDC
Information for lab staff	Order: CDCHPYLOIS
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook

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

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Hepatitis	
Ordering (clinical)	Refer to the IH general laboratory services test directory, located here: https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf
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: Communicable Disease Control (bccdc.ca)
Requisition	N/A
Special considerations	Clinician must call IH Microbiologist for approval Note: Serology is not useful for acute diagnosis. 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.
Test performed at	BCCDC
Information for lab staff	Orders: Serology: HERPESVB PCR: Contact IH Microbiologist
	Storing, Packaging and Transport: Refer to BCCDC’s eLab Handbook: eLab Handbook Note: These specimens require TDGA transport , refer to: <ul style="list-style-type: none">SA 0126 Packaging Instructions for Category A Infectious Substance Procedure

Herpes simplex virus Serology	
Ordering (clinical)	Herpes (HSV) Serology IgG 1&2
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR</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	Serology Screening Requisition (elabhandbook.info)
Special considerations	
Test performed at	BCCDC
Information for lab staff	Order: HERPESIGG
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook




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

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Herpes/VZV Viral Panel- Skin Includes: Eye, Genital, Face, Skin	
Ordering (clinical)	HSV/VZV Vesicle/Lesion Swab
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	Inpatient and patients seen in emergency: IH Microbiology Labs Outpatient or patient < 7 days old: BCCDC, refer to eLab Handbook
Turnaround time after receipt at IH micro lab	≤ 12 hours
Information for lab staff	<p>Orders: Inpatients and emergency department: VIRSKIN Outpatient or patient < 7 days old: CDCSKINVPCR</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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

Human Herpes Virus 6 NAAT Blood	
Ordering (clinical)	Human herpesvirus-6(HHV-6) PCR
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook – “Herpes Virus 6 NAT Blood”
Requisition	CW Lab Requisition (elabhandbook.info)
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: HHERP6PCR
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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Human Herpes Virus 8 Viral Load (Kaposi sarcoma Herpesvirus)	
Ordering (clinical)	Human herpesvirus-8(HHV-8) PCR
Specimen collection	Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog
Requisition	Providence Health Virology Requisition
Special considerations	
Test performed at	St. Paul's Hospital
Information for lab staff	Order: HHERP8PCR
	Storing, Packaging and Transport: Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog

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

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Human T Lymphotropic Virus	
Ordering (clinical)	Serology: HTL Virus I&II Serology IgG
	PCR: HTL Virus I/II PCR
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook – “HTL”
Requisition	Serology Screening Requisition (elabhandbook.info)
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: HTLVS PCR: HTLVSPCR
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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Infectious Diarrhea Panel Testing Site- KGH: <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> Testing Site- EKH/KBH/RIH: <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)	Stool bacterial/parasite/virus Testing will be cancelled on patients who have been hospitalized or admitted to long term care >=3 days. <ul style="list-style-type: none"> • If viral infection is strongly suspected or outbreak, order: Virus GI- Inpatient/Outbreak. • For other situations where infectious diarrhea panel is indicated, please contact the lab for approval.
Testing information	Molecular method
Specimen collection	Stool Collected with Copan Fecal Swab.  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).
Special considerations	<ul style="list-style-type: none"> • This order includes testing for <i>C. difficile</i>. However, if <i>C. difficile</i> is strongly suspected, refer to Clostridiodes difficile section for rapid “<i>C. difficile</i> only” testing. • For patients with suspect ova and parasite- refer to Stool Ova & Parasite- High Risk
Guidance document	Fecal swab collection instructions: <ul style="list-style-type: none"> • how-to-use-fecalswab-for-stool-sample-collection.pdf (interiorhealth.ca) Ordering guides: <ul style="list-style-type: none"> • GI Ordering Job Aid - Inpatients and Long Term Care • GI Ordering Job Aid- Outpatients • GI Ordering Job Aid - Emergency Department GI Infection Outbreak Toolkit- Long term Care: Gastrointestinal Infection Outbreak - Long-term Care



Infectious Diarrhea Panel cont'd	
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	Inpatients: ≤ 12 hours Outpatients: ≤ 48 hours
Information for lab staff	Routine: GIPCR Outbreak: GIOUTBREAK Transport: TDG B packaging to microbiology lab within 12 hours.

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

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JC Virus NAAT	
Ordering (clinical)	JC Virus PCR CSF
Specimen collection	Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog – "PCR Amplification PHC"
Requisition	Providence Health Virology Requisition
Special considerations	
Test performed at	St. Paul's Hospital (XSP)
Information for lab staff	Order: JCVPCRC
	Refer to Providence Health Care's Test Catalog: Providence Health Care Test Catalog

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Legionella	
Ordering (clinical)	Antigen: Legionella Urine Antigen
	Serology: Legionella Serology
	PCR (lower respiratory specimens only): refer to Expanded Respiratory Pathogen Panel - 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: eLab Handbook</p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR Serum: Sterile container. Serum may be separated from clotted blood.</p>
Requisition	Serology: ZEPRequisition (elabhandbook.info)
Special considerations	Note: Test of choice is BOTH PCR and urinary antigen. ILU Legionella Urine Antigen Testing
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: LEGIONS
	Antigen: LEGIONUA
	PCR: Expanded Respiratory Pathogen Panel
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

Leishmania	
Ordering (clinical)	Serology: Leishmania Serology
	PCR: Leishmania PCR
	Culture: Leishmania Culture
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook
Requisition	Serology/PCR: ZEPRequisition (elabhandbook.info) Culture: ParasitologyRequisition (elabhandbook.info)
Special considerations	Culture and PCR: Clinician must call IH Microbiologist for approval Include any relevant travel history.
Test performed at	Serology: National Microbiology Laboratory (NML)- via BCCDC PCR/Culture: BCCDC
Information for lab staff	Orders: Serology: LEISHS PCR: LEISHSPCR Culture: LEISHSC
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook


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



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Lower Respiratory Culture, Bronchial Lavage/Wash	
Ordering (clinical)	Bronchial Lavage: Bronchial Lavage C&S Bronchial Wash: Bronchial Wash C&S
Testing information	Gram smear and aerobic culture
Specimen collection	<p>Collect > 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"> ○ If fungal testing required, refer to Fungal Culture, Deep. ○ If Mycobacteria testing required, refer to Mycobacterium Culture. <p>If cell count requested, submit portion of sample to cytology</p>
Guidance document	Bronchoscopy Ordering Flow Chart for Microbiology Specimens
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: CUBRONCHLAVAGE</p> <p>Bronchial Wash: CUBRONCHWASH</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>



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Lower Respiratory Culture, Bronchoscopy Brush	
Ordering (clinical)	Bronchial Brush C&S
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: CUBRONCHBRUSH</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Lower Respiratory Culture, Sputum	
Ordering (clinical)	Routine: Sputum C&S Cystic Fibrosis: Sputum C&S- Cystic Fibrosis
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"> • If multiple tests are requested, submit in different sterile containers. • Best quality sample is first morning specimen.
Guidance document	collection-of-sputum-for-culture-and-sensitivity.pdf (interiorhealth.ca)
Test performed at	<p>Routine: IH Microbiology Labs</p> <p>Cystic Fibrosis:</p> <ul style="list-style-type: none"> • Patients < 18 years: BC Women's and Children's BCWC Outpatient Requisition • Patients ≥ 18 years: St. Paul's Hospital  <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: CUSPUTUM</p> <p>Cystic Fibrosis: CUSPUTUMCF</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Lyme Disease	
Ordering (clinical)	Serology: Borrelia (Lyme) Serology
	PCR: Borrelia (Lyme) PCR
	Note: For tick identification, refer to Ectoparasite Identification (Lice, Scabies, Tick)
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p><u>Serology:</u> Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR</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>Note: In cases of suspect Neuroborreliosis, serology must be ordered with CSF PCR. CSF will only be tested if serology is reactive.</p>
Requisition	ZEPrequisition (elabhandbook.info)
Special considerations	Include any relevant travel history. 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: BORRIS</p> <p>PCR: BORRISPCR</p>
	Refrigerate specimen before and after transport. Refer to BCCDC's eLab Handbook: eLab Handbook

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

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

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Measles	
Ordering (clinical)	<p>Serology</p> <p>Acute: Measles Acute Infection Serology</p> <p>Immunity: Measles Immune Status Serology</p> <p>PCR: Measles Virus PCR</p>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p><u>Serology:</u></p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR</p> <p>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></p> <p>Throat or Nasopharyngeal: Submit COPAN red top swab with UTM</p>  <p>Urine: Submit in sterile screw cap container</p>  <p>CSF: Submit in sterile screw cap container</p> 
Requisition	<p>Serology: Serology Screening Requisition (elabhandbook.info)</p> <p>PCR: Virology Requisition (elabhandbook.info)</p>
Special considerations	<p>Include any relevant travel history.</p> <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"> • nasopharyngeal or throat swab for PCR AND • urine specimen for PCR AND • blood or serum for serology
Test performed at	BCCDC




Measles cont'd

Information for lab staff	Serology:
	Acute: MEASLEIGGM
	Immunity: MEASLEIGG
	PCR: MEASLEPCR
	Ship and store refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook

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Medical Device Culture 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)	Implant/Medical Device C&S OR Implant/Medical Device C&S
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: CUIMPLANT, CUORIMPLANT Transport: TDG B packaging to microbiology lab within 12 hours.

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Meningococcal Polysaccharide Antibody Titre	
Ordering (clinical)	Meningococcal Antibody Titre
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook
Requisition	ZEPRequisition (elabhandbook.info)
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: MENINGOAB
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook


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

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Molecular meningitis/encephalitis panel 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)	CSF Viral/Bacteria/Crypt Panel
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	Ordering Pathway for Microbiology Testing on Adult Patients with Suspected Meningoencephalitis
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 4 hours
Information for lab staff	Order: VIRCSF Transport: TDG B packaging to microbiology lab within 12 hours.


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Mpox virus NAAT (Monkeypox virus)	
Ordering (clinical)	<p>Skin Lesion: Monkeypox Virus Skin Lesion</p> <p>Skin Swab: Monkeypox Virus Skin Swab</p> <p>Serology: Monkeypox Virus Serology</p> <p>Other sites listed below require microbiologist approval.</p> <p>Blood: Monkeypox Virus Blood</p> <p>Nasopharynx: Monkeypox Virus Nasopharynx</p> <p>Oropharynx: Monkeypox Virus Oropharynx</p> <p>Urine: Monkeypox Virus Urine</p>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook – "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"> 1. Viral swab of vesicular/pustular fluid (use single swab on 2-3 open or recently unroofed lesions) AND/OR 2. Lesion material (roof, crusts, aspirate, exudate tissue) AND/OR 3. Tissue biopsy in sterile container AND/OR 4. Rectal swab if proctitis present <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	Virology Requisition (elabhandbook.info)





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"> • If skin lesions are present, it is recommended to collect lesion material. • 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.
Test performed at	BCCDC
Information for lab staff	<p>Orders:</p> <p>Blood: MONPOXBL</p> <p>Nasopharynx: MONPOXNP</p> <p>Oropharynx: MONPOXOP</p> <p>Serology: MONPOXSER</p> <p>Skin Lesion: MONPOXLESION</p> <p>Skin Swab: MONPOXSWAB</p> <p>Urine: MONPOXUR</p> <p>Store and ship re Fridgerated. Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Note: These specimens require TDGA transport, refer to:</p> <ul style="list-style-type: none"> • SA 0126 Packaging Instructions for Category A Infectious Substance Procedure • SA 0190 Monkeypox Virus Specimen Handling and Communication Process




Mouth Culture	
Ordering (clinical)	Mouth/Tongue C&S- Candida/Yeast
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 Medical Device Culture
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: CUMOUTH</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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MRSA Screen	
Ordering (clinical)	Groin: ARO MRSA Groin/Perianal Nose/Nares: ARO MRSA Nose/Nares Open Wound: ARO MRSA Open Wound Vascular Catheter Site: ARO MRSA IV Insertion Site
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: CUMRSAGROIN</p> <p>Nose/Nares: CUMRSANOSE</p> <p>Open Wound: CUMRSAWOUND</p> <p>Vascular Catheter Site: CUMRSAIV</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Mumps	
Ordering (clinical)	<p>Serology</p> <p>Acute: Mumps Acute Infection Serology</p> <p>Immunity: Mumps Immune Status Serology</p> <p>PCR: Mumps Virus PCR</p>
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</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: Serology Screening Requisition (elabhandbook.info)</p> <p>PCR: Virology Requisition (elabhandbook.info)</p>
Special considerations	<p>Note: For suspect acute infections, please collect:</p> <ul style="list-style-type: none"> • Buccal or oral swab for PCR AND • Urine for PCR AND • Serology
Test performed at	BCCDC
Information for lab staff	<p>Serology:</p> <p>Acute: Mumps Acute Infection Serology</p> <p>Immunity: Mumps Immune Status Serology</p> <p>PCR: MUMPSPCR</p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook</p>

TB/ Mycobacteria	
Ordering (clinical)	<p>Abscess: TB/Mycobacteria- Abscess Blood: TB/Mycobacteria- Blood/Bone Mar Fluid: TB/Mycobacteria- Fluid/Aspirate Respiratory*: TB/Mycobacteria- Respiratory Tissue/Biopsy: TB/Mycobacteria- Tissue/Biopsy</p> <p>*Note: Inpatient sputum and bronchial wash/lavage specimens will automatically have TB PCR 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: eLab Handbook</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> 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: MergedFile (elabhandbook.info).</p> <p>For TB IGRA (Interferon Gamma Release Assay), refer to the IH general laboratory services test directory, located here: https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-laboratory-services-test-directory.pdf</p>





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

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Nasal Sinus Culture	
Ordering (clinical)	Nasal Sinus C&S- Swab/Lavage
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>Nasal secretions are not suitable specimens and will not be processed.</p> <ul style="list-style-type: none"> For surgically collected fluid or tissue, please refer to Body Fluid Culture or Tissue Culture sections. For superficial nasal screen for <i>S. aureus</i>, refer to Nasal Screen for S. aureus
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: CUNASALSIN</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: Nose/Nasal C&S Cardiac Screen (pre-op cardiac or orthopedic surgery): Nose/Nasal C&S- Pre-Surgical Screen
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 Nasal Sinus Culture
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: CUNOSE Cardiac Screen: CUCARDSCRN Transport: TDG B packaging to microbiology lab within 12 hours.

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

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

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


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

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Placental Culture	
Ordering (clinical)	Tissue: Tissue C&S Swab: Placenta Swab C&S
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: CUTISSUE Swab: CUPLACENTA</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Pneumocystis (PJP/PCP) NAAT	
Ordering (clinical)	Pneumocystis jirovecii- PJP PCR 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	Clinician must call IH Microbiologist for approval Performed in specific circumstances: Immunocompromised patient with symptoms and radiological findings
Guidance document	Bronchoscopy Ordering Flow Chart for Microbiology Specimens
Test performed at	St. Paul's Hospital Laboratory
Turnaround time after receipt at IH micro lab	As determined by the reference laboratory: Providence Health Care Test Catalog
Information for lab staff	Order: PJPPCR Transport: TDG B packaging to St. Paul's laboratory (XSP) within 12 hours.

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

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Rabies	
Ordering (clinical)	Serology: Rabies Virus Serology
	PCR: Rabies Virus PCR
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Serology: 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>PCR: 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	ZEPRequisition (elabhandbook.info)



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

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

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

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Rubella	
Ordering (clinical)	Serology: Acute: Rubella Acute Infection Serology Immunity: Rubella Immune Status Serology
	PCR: Rubella Virus PCR
Specimen collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Serology: 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>PCR: 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	Serology Screening Requisition (elabhandbook.info)
Special considerations	
Test performed at	BCCDC
Information for lab staff	Serology: Acute: RUBELIGGM Immunity: RUBELIGG
	PCR: RUBELPCR
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook



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

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

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Stool Ova & Parasite– *High Risk	
Ordering (clinical)	Stool Microscopy (Parasite) SAF
Specimen collection	Refer to BCCDC's eLab Handbook: eLab Handbook – “Ova and Parasites (O&P)” Collection instructions: collection-of-stool-for-ova-and-parasites.pdf (interiorhealth.ca)
Requisition	Parasitology Requisition (elabhandbook.info) <ul style="list-style-type: none">• 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.• Note: 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
Special considerations	*May only be submitted if: <ul style="list-style-type: none">• Suspected helminth (worm) infection• 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).• For all other scenarios- refer to Infectious Diarrhea Panel for molecular testing
Test performed at	BCCDC
Information for lab staff	Order: PARAXM
	Store and transport refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook

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

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

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Syphilis	
Ordering (clinical)	Serology: Syphilis Screen EIA/RPR
	PCR: Syphilis Nucleic Acid (NAT) (chancre, CSF)
	Special tests: VDRL: Syphilis (Treponema) VDRL CSF
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</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: Serology Screening Requisition (elabhandbook.info) PCR: ZEPRequisition (elabhandbook.info)
Special Considerations	<p>All testing for genital ulcers should include STI testing including HIV.</p> <p>Ordering guidance: Genital Ulcers: Order Serology AND PCR for chancre specimen Neurosyphilis: Order Serology AND VDRL for CSF Screening: Order Serology Neonatal: Consult IH Microbiologist</p>
Test Performed at	BCCDC
Information for lab staff	Orders:
	Serology: SYPHISC
	PCR: SYPHNAT <i>Note: Do not reject samples if serology do not accompany the swab</i>
	Special Tests: VDRL CSF: SYPHIVDRL FTA CSF: FTACSF
	Store and transport refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook

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

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Tetanus Serology	
Ordering (clinical)	Contact IH Microbiologist
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook- "Tetanus Antibody Level"</p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR</p> <p>Serum: Sterile container. Serum may be separated from clotted blood.</p>
Requisition	ZEPRequisition (elabhandbook.info)
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"> - 16 years of age or less, or - Organ transplant patient, or - Sticker for immunodeficiency testing
Test Performed at	BCCDC
Information for Lab Staff	Order: TETANUS
	Store and ship refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook

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Tissue Culture Includes: Bone, tissue	
Ordering (clinical)	Tissue C&S
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"> Swabs are not recommended as they are suboptimal specimens for organism recovery If tissue from prosthetic joint site, submit 5-6 tissue/aspirate samples from adjacent to the joint. If osteomyelitis or joint infection is suspected, concomitant blood cultures are indicated.
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	Order: CUTISSUE Transport: TDG B packaging to microbiology lab within 12 hours.

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

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




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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: CUTNRXN Sterility Check: CUENVIRO Transport: TDG B packaging to microbiology lab within 12 hours.

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

Trichomonas - Sexually Transmitted Infection (STI) Molecular Testing	
Includes: Cervical, Urine and Vaginal specimens	
Ordering (clinical)	Female: Trichomonas – Female/Aptima kit Male: Trichomonas – Male/Aptima kit
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	One specimen can be used for Chlamydia/GC and Trichomonas Testing
Guidance document	<p>Collection instructions:</p> <ul style="list-style-type: none"> • Cervix: unisex-swab-specimen-collection-ih-clinicians.pdf (interiorhealth.ca) • Urine: chlamydia-gc-and-or-trichomoniasis-urine.pdf (interiorhealth.ca) • Vagina: collection-of-vaginal-swab-for-chlamydia-gc-and-or-trichomoniasis.pdf (interiorhealth.ca) <p>Ordering guides:</p> <ul style="list-style-type: none"> • Vaginitis and Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions • Vaginitis and Sexually Transmitted Infection Testing- Okanagan Region
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: TRICHF</p> <p>Male: TRICHM</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>




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


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Urine Culture	
Ordering (clinical)	Midstream and catheter urines: Urine C&S Surgically collected (cystoscopic, suprapubic aspirate, bladder aspirate, nephrostomy, ureteroscopy): OR Urine C&S
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 < 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: collection-of-midstream-urine-female-english.pdf (interiorhealth.ca)</p> <p>Male: collection-of-midstream-urine-male-english.pdf (interiorhealth.ca)</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: CUURINE</p> <p>Surgically collected (cystoscopic, suprapubic aspirate, bladder aspirate, nephrostomy, ureteroscopy): CUORURINE</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>


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Vagina, 14- 59 Years (Molecular Vaginitis Panel)	
Ordering (clinical)	14- 59 years, without relevant diagnosis: Molecular Vaginitis Panel
Testing information	<p>Molecular method, includes bacterial vaginosis, yeast and Trichomonas.</p> <p>Note: For Chlamydia/Gonorrhoeae testing, refer to Chlamydia and Gonorrhea- Sexually Transmitted Infection (STI) Molecular Testing</p>
Specimen collection	<p>Aptima multitest (orange label)</p>  <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>
Special considerations	<p>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 relevant diagnoses such as:</p> <ul style="list-style-type: none"> • pregnancy • intra-partum/post-partum infectious complications • post gynecological surgery • suspected pelvic inflammatory disease • toxic shock syndrome <p>If clinically indicated based on a relevant diagnosis, please recollect specimen appropriate for Gram smear/culture using eSwab or gel swab- see Vaginal Culture, Relevant Diagnosis</p>
Guidance document	<p>Collection Instructions: patient-self-collection-vaginal-swab.pdf (interiorhealth.ca)</p> <p>Ordering guides: Vaginitis and Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions Vaginitis and Sexually Transmitted Infection Testing- Okanagan Region</p>
Test performed at	IH Microbiology Labs
Turnaround time after receipt at IH micro lab	≤ 24 hours
Information for lab staff	<p>Order: VAGMVP</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

Vaginal Culture (Vaginitis), <14 years or >59 years	
Ordering (clinical)	Vagina C&S-Age<14yr or >59yr
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	Vaginitis and Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions Vaginitis and Sexually Transmitted Infection Testing- Okanagan Region
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	CUVAGINAA Transport: TDG B packaging to microbiology lab within 12 hours.


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Vaginal Culture, Relevant Diagnosis	
Ordering (clinical)	Vagina C&S-Relevant Diagnosis
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"> • pregnancy • intrapartum/post partum infectious complications • post gynecological surgery infectious complications • suspected pelvic inflammatory disease • toxic shock syndrome <p>If patient does not meet the criteria listed above, refer to: Vaginal Culture, < 14 years or > 59 years OR Vagina, 14-59 years (Molecular Vaginitis Panel)</p>
Guidance document	Vaginitis and Sexually Transmitted Infection Testing- Thompson Cariboo and Kootenay Regions Vaginitis and Sexually Transmitted Infection Testing- Okanagan Region
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: CUVAGINAC</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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Vancomycin Resistant Enterococcus (VRE) Screen	
Ordering (clinical)	ARO VRE Rectal
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: CUVRERECTAL</p> <p>Transport to lab within 12 hours. Refrigerate specimen (4°C).</p>

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Varicella Zoster Serology	
Ordering (clinical)	Varicella (VZV) Serology IgG
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Clotted Blood: SST (gold top). Allow to clot at room temperature.</p>  <p>OR</p> <p>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>
Requisition	Serology Screening Requisition (elabhandbook.info)
Special Considerations	For diagnosis of acute infection, see Herpes/VZV Viral Panel- Skin
Test Performed at	BCCDC
Information for Lab Staff	<p>Order: VARICIGG</p> <p>Ship and transport refrigerated. Refer to BCCDC's eLab Handbook: eLab Handbook</p>

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Water Sterility	
Ordering (clinical)	Sterility Specimen Culture
Testing information	Semi-quantitative aerobic culture
Specimen collection	<p>Acceptable water samples:</p> <ul style="list-style-type: none"> • hemodialysis machines • reverse osmosis water • laboratory water <p>Submit in Millipore sampler, MicropreSure sampler device or sterile container.</p>
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	<p>Order: CUENVIRO</p> <p>Transport: TDG B packaging to microbiology lab within 12 hours.</p>

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

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

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Worm Identification	
Ordering (clinical)	Microscopy: Parasite Worm Identification
Specimen Collection	Refer to BCCDC's eLab Handbook: eLab Handbook
Requisition	Parasitology Requisition (elabhandbook.info)
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: PARAW
	Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook

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Wound, Deep Includes: amputation, animal or human bite, deep trauma, extensive burns, fasciitis, fistula/sinus, gangrene, necrotizing cellulitis, puncture or stab, trauma.	
Ordering (clinical)	Wound C&S Deep Tissue/Trauma
Testing information	Gram smear and aerobic culture
Specimen collection	Swab in clear transport media.  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. Transport to lab within 12 hours. Room temperature storage.
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: CUWOUND Transport: TDG B packaging to microbiology lab within 12 hours.

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Wound, Superficial <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: Wound C&S- Skin (Intact Surface) Broken surface: Wound C&S- Skin (Broken Surface) Chronic wound/Ulcer: Wound C&S- Ulcer/Chronic Wound Post-operative surgical site: Wound C&S- PO Surgical Site
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: CUSKIN Broken surface: CUWOUND Chronic wound/Ulcer: CUWOUNDU Post-operative surgical site: CUPOINCIS Transport: TDG B packaging to microbiology lab within 12 hours.

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

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

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Zika Virus	
Ordering (clinical)	Serology: Zika Virus Serology
	PCR: Zika Virus PCR
Specimen Collection	<p>Refer to BCCDC's eLab Handbook: eLab Handbook</p> <p>Serology: Clotted Blood: SST (gold top). Allow to clot at room temperature.  Serum: Sterile container</p> <p>PCR: Blood (preferred): EDTA (purple top) tube  Urine: Submit in sterile screw top container  Nasopharyngeal: Submit in COPAN red top tube with UTM- only if respiratory symptoms  Serum: Sterile tube</p>
Requisition	ZEPRequisition (elabhandbook.info)
Special Considerations	<p>Include any relevant travel history.</p> <p>Note: Serology is the preferred method for Zika Virus diagnosis. Zika Virus PCR will no longer be performed unless clinically indicated (including pregnancy). Please contact an IH Microbiologist for approval.</p>
Test Performed at	BCCDC
Information for Lab Staff	<p>Orders: Serology: ZIKA PCR: ZIKAPCR</p> <p>Storing, Packaging and Transport: Refer to BCCDC's eLab Handbook: eLab Handbook</p>

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