



# EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

## LABORATORY TESTING ADDENDUM

Effective April 2018



# Laboratory Testing Clinical Practice Guideline Addendum

The objective of this Laboratory Testing Addendum is to provide guidance and additional information to Doctors of Optometry on:

- How to register in the Laboratory Zone in your area of the province
- How to order Laboratory Requisition Forms from your Lab Zone
- How to order Laboratory supplies from your Lab Zone
- Contact Information for Provincial Laboratory and specific Laboratory Zones
- FAQ's and Laboratory Testing protocols
- Links to best practices on corneal and conjunctival swabbing techniques

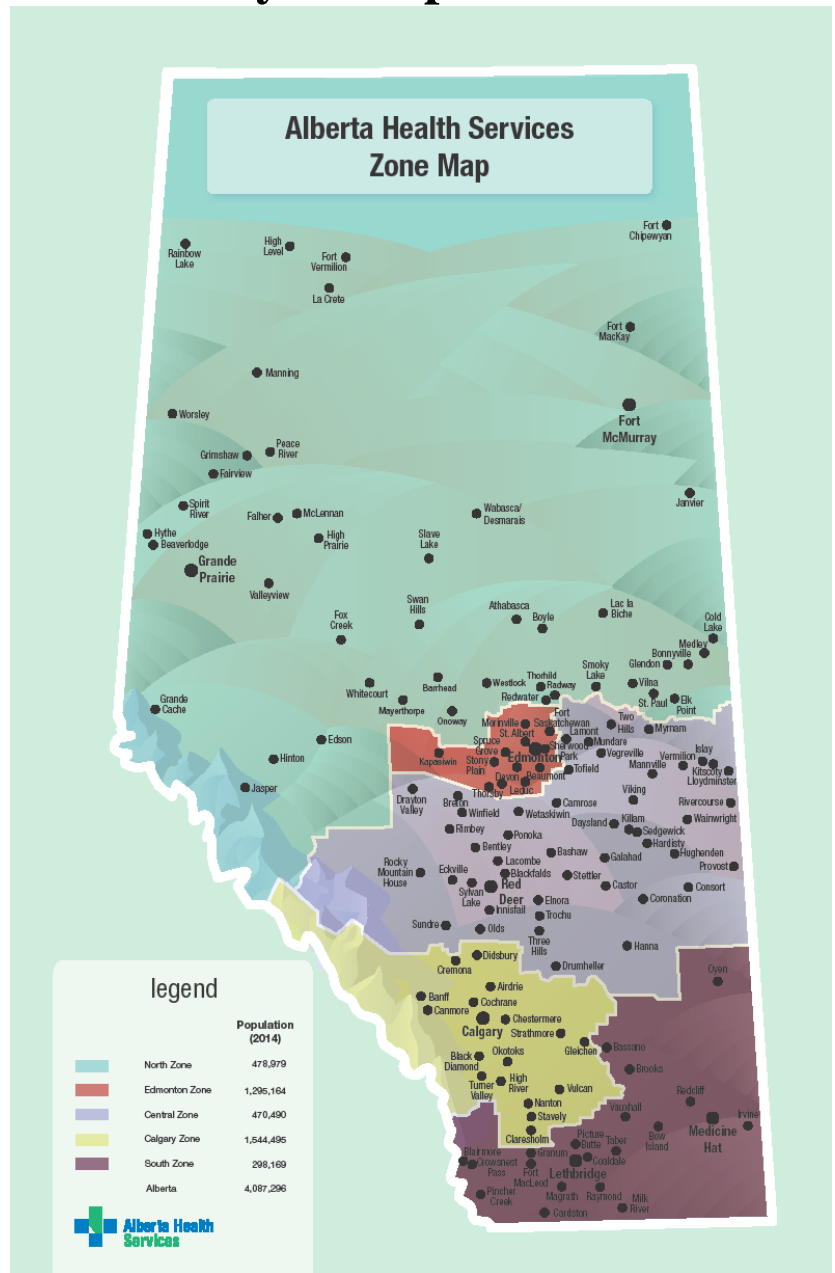


In order to avoid possible duplication of laboratory test ordering, optometrists who wish to order laboratory tests **must** have access to Alberta Netcare (or other similar provincial database) to review previous laboratory test results before ordering any new tests.

**Full details on accessing Alberta Netcare and completing other required privacy documents are available in the “Navigating Privacy Legislation” documents located in the Secure Member Log-In area on the ACO website.**

# Step 1 – Find Your Laboratory Set-Up Zone

- Your clinic address will determine which laboratory zone you will register in.
- If you practice in more than one clinic within the same laboratory zone, you must register each clinic separately along with the names of all optometrists practicing in each specific clinic.
- If you practice in multiple clinics in different laboratory zones, you must register each clinic separately in each separate laboratory zone.



- **Edmonton: Zone**  
<https://dynamlife.ca/InformationforOptometrists>
- **AHS North, Central and South Zones:**  
<https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-pharmacy-optometrist-ordering-info.pdf> \*
- **Calgary Zone:**  
<https://www.calgarylabservices.com/medical-professionals/client-services-information.aspx>
- **\*Exceptions:** If practicing in Fort McMurray, Fort Vermilion, High Level, LaCrete or Lloydminster
- <https://dynamlife.ca/InformationforOptometrists>

## Step 2 – Sign Up for your Zone

### a) Edmonton Zone

- Step1: <https://dynalife.ca/InformationforOptometrists>
- Step 2: Click on Attachment A
- Fill out the form electronically or written (need Prac ID 9 Digit #)
- Submit form to the DL Data Entry Editors via email/fax [Copath.editors@dynaLIFE.ca](mailto:Copath.editors@dynaLIFE.ca) or Fax to 780-701-1721

### b) North, Central and South Zones

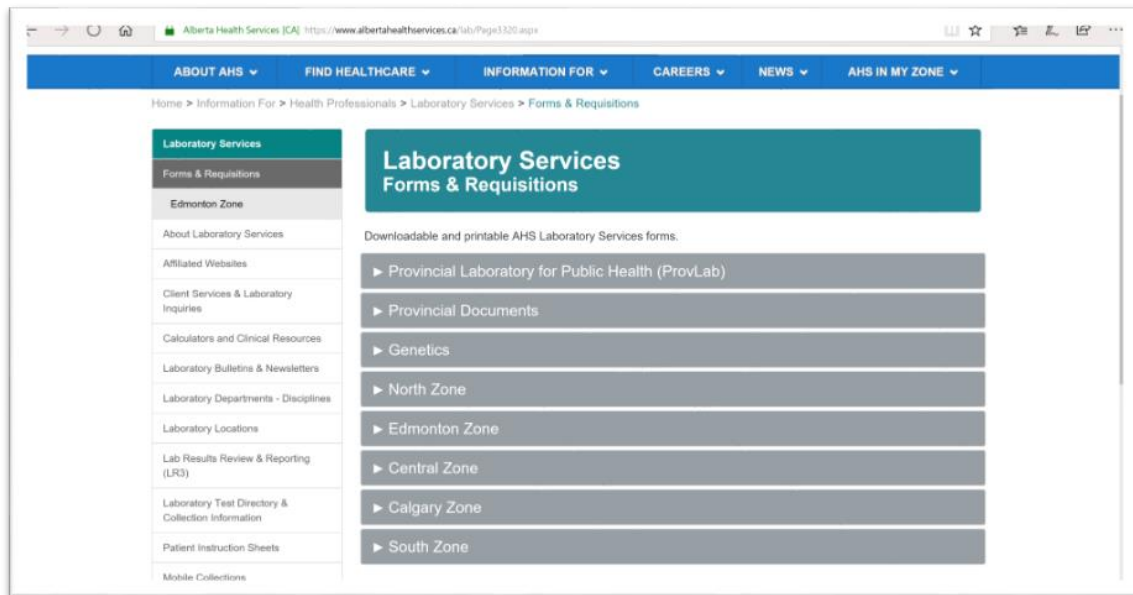
- Step1: <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-pharmacy-optometrist-ordering-info.pdf>
- Step 2: Provide registering email to: [providerrequests@ahs.ca](mailto:providerrequests@ahs.ca) including the following information
  - Full first and last name & PRAC ID
  - City or town location
  - Clinic name if applicable
  - Full mailing address
  - Telephone number
  - After-hours telephone contact for critical results
  - Secure, confidential fax number
- Exceptions - if practicing in Fort McMurray, Fort Vermilion, High Level, LaCrete or Lloydminster sign up through Dynalife Edmonton

### c) Calgary Zone

- Step1: <http://www.calgarylabservices.com/files/CLSForms/CSD2717.pdf>
- Step 2: Click on *Health Care Provider Information Form CSD2708*
- Fill out the form electronically
- Submit form via email to [DMPhysicianGroup@cls.ab.ca](mailto:DMPhysicianGroup@cls.ab.ca) or fax to 403-770-3235

## Step 3 – How to Order Lab Requisition Forms

- <https://www.albertahealthservices.ca/lab/Page3320.aspx>



## Step 4 – How to Order Laboratory Test Supplies

### a) Edmonton Zone

- <https://www.dynalifedx.com/Portals/0/pdf/Health%20Professionals/Supplies%20order%20Edm%20zone%20MD.pdf>

### b) North, Central and South Zones

- <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-pharmacy-optometrist-ordering-info.pdf>

### c) Calgary Zone

- Supplies ordered from: Cardinal Health:
- <https://www.cardinalhealth.ca/>
- Additional Laboratory Test Training:  
<http://www.calgarylabservices.com/files/AboutCLS/CardinalPhysicianTraining.pdf>

## Provincial Laboratory Contact Information

	<b><u>CALGARY</u></b>	<b><u>EDMONTON</u></b>
<b>PRIMARY INQUIRIES</b> (To all departments and/or staff)	Ph: 403-944-1200 Fax: 403-270-2216	Ph: 780-407-7121 Fax: 780-407-3864
<b>MICROBIOLOGIST/VIROLOGIST ON CALL (MOC/VOC)</b> (Clinical Consultation)	Ph: 403-944-1200 (ask for MOC/VOC)	Ph: 780-407-8822 (UAH Switchboard) or 780-407-7121 (Laboratory) (ask for MOC/VOC)
<b>PRENATAL RESULTS HOTLINE</b>		Ph: 780-407-8667
<b>SPECIMEN COLLECTION KIT ORDERS</b>	Packing Area: Ph: 403-944-2583 Fax 403-944-2317	Distribution Centre: Ph: 780-407-8971 Fax: 780-407-8984

- **Which media do I culture in?**

Website information about Edmonton & Calgary Provincial Labs:  
<https://www.albertahealthservices.ca/assets/wf/plab/wf-provlab-guide-to-services.pdf>

- **How to perform a corneal swab:**

<https://player.vimeo.com/video/166560128>

# MICROBIOLOGY REQUISITION



200-10150 102 Street NW  
Edmonton, Alberta  
Canada T5J 5E2  
TEL: (780) 451-3702  
1-800-661-9876  
FAX: (780) 452-8488  
www.dynalifedx.com

PHN/Health Care Number		Accession #						
<input type="checkbox"/> M <input type="checkbox"/> F	Patient Legal Name (Last)	(First)	(Initial)	D O B	DD	MM	YY	<input type="checkbox"/> Copy to Name _____
Address		City	Prov.	Postal Code				Physician Code _____
Chart #	Patient Phone #		Lab #					Address _____
Ordering Physician / Practitioner				Physician Code		Specimen Event Type		Bill Type <input type="checkbox"/> CPL <input type="checkbox"/> Alberta Health Care
Ordering Address/Location				Report Location Code		IA <input type="checkbox"/> AUXILIARY IP <input type="checkbox"/> IN PT OP <input type="checkbox"/> OUT PT AP <input type="checkbox"/> AMBUL HC <input type="checkbox"/> HMCARE ST <input type="checkbox"/> STAFF EN <input type="checkbox"/> ENVIRON WCB <input type="checkbox"/> Worker's Compensation		CO <input type="checkbox"/> Company XX <input type="checkbox"/> Pre-paid OT <input type="checkbox"/> Out of Prov. PB <input type="checkbox"/> Patient Bill
Report Address if different:								Co. Name _____ Address _____ Client # _____
Date specimen collected DD MM YY	Col. Location	<b>CLINICAL INFORMATION / HISTORY</b>						<b>PLEASE NOTE:</b> ONLY ONE SPECIMEN PER REQUISITION.
TIME (24 h)	Collector							
		ANTIBIOTICS (Specify) _____ IMMUNOSUPPRESSED <input type="checkbox"/> Yes <input type="checkbox"/> No						

**BLOOD AND OTHER STERILE FLUIDS**

BLDC  blood culture  aerobic  anaerobic  peds  
 Venipuncture  left arm  right arm  
 Central line (specify) \_\_\_\_\_  
 Peripheral line (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Clinical history:  Endocarditis  Other (specify) \_\_\_\_\_

CSFC  CSF culture  
 bone marrow culture

FLDC  fluid culture (specify) \_\_\_\_\_  
 mycobacterial culture (TB)

**EYES AND EARS**

**EYES**  left  right  external eye (conjunctiva)  
EYEC  bacterial culture  cornea  
 C. trachomatis (DFA slide)  other (specify) \_\_\_\_\_  
 other (specify) \_\_\_\_\_

**EARS**  left  right  external canal  
EARC  bacterial culture  T-tube in place  
FUNC  fungal culture  recent surgery  
 other (specify) \_\_\_\_\_  perforated eardrum  
 middle ear drainage / fluid

**GASTROINTESTINAL TRACT SPECIMENS**

FECC  stool culture **SPECIMEN**  
CDT  Clostridium difficile toxin  feces  other  
GICS  Giardia / Crypto Screen  Recent travel (last 2 yrs) to: \_\_\_\_\_  
OAP  Ova & Parasites \*Must provide relevant history  
PINW  Pinworm Exam

**GENITAL TRACT SPECIMENS**

**VAGINA**  
DEG  bact. vaginosis / vaginitis  
DEGX/GYC  Yeast culture  
TVE  Trichomonas vaginalis  
VAGC  Other \*  
\* Must indicate Clinical Information \_\_\_\_\_

**VAGINAL/RECTAL**  
STBC  Group B Strep Screen (pregnant only)  
 Penicillin allergy

**CERVIX**  
GCC  N. gonorrhoeae culture  
GENC  Other \*  
\* Must indicate Clinical Information \_\_\_\_\_

**URETHRA**  
GCC  N. gonorrhoeae culture  
GENC  Other \*  
\* Must indicate Clinical Information \_\_\_\_\_

**EXTERNAL GENITAL SPECIMEN**  
 vulva  penis  Other \_\_\_\_\_  
SSC  Bacterial Culture (Staph, Strep, Yeast)  
 Herpes simplex virus (Universal Transport Media)

**CLINICAL INFO**  
 <= 13 years  
 >= 60 years  
 post surgical  
 Toxic Shock Syndrome  
 pregnant  
 intra partum  
 post partum  
 post hysterectomy  
 IUCD in place  
 pessary in place  
 D&C  
 Other (specify) \_\_\_\_\_

**RESPIRATORY TRACT SPECIMENS**

THRC  throat - (Group A Strep)  
ORAC  mouth culture (yeast only)  
NASC  nose culture (S. aureus carrier only)  
BPNA  B. pertussis NAT (nasopharyngeal swab, suction, smear)  
VIRD  nasopharynx viral detection (specify virus \_\_\_\_\_)  
 other (specify) \_\_\_\_\_

**LOWER RESPIRATORY TRACT**  
RESC  bacterial culture (must indicate specimen/source)  
AFBC  mycobacterial culture (TB) (must indicate specimen/source)  
 other (specify) \_\_\_\_\_

**SPECIMEN / SOURCE**  
 sputum expectorated  
 auger suction  
 ETT suction  
 bronchial wash (for BAL or PSB, use Bronch requisition)

**URINARY TRACT SPECIMENS**

URC  bacterial culture  
 other \_\_\_\_\_

**SPECIMEN**  
 MSU  
 catheter - in/out  
 catheter - indwelling  
 catheter - intermittent  
 cystoscopy  
 other (specify) \_\_\_\_\_

**CLINICAL INFORMATION**  
 dysuria  recent GU surgery  
 frequency  kidney transplant  
 pyuria  pregnant  
 other (specify) \_\_\_\_\_

**WOUNDS/SKIN/ABSCESSSES/SURGICAL SPECIMENS**

SITE (specify) \_\_\_\_\_  
 bacterial culture  
FUNC  fungal culture / KOH  
 other \_\_\_\_\_

**SPECIMEN**  
 swab  
 fluid  joint  
 tissue  
 biopsy  
 bone chips  
 IV catheter tips  
 foreign body/implant \_\_\_\_\_  
 other (specify) \_\_\_\_\_

**CLINICAL INFORMATION**  
 abscess  deep  
 ulcer  superficial  
 wound  chronic infection  
 surgical  compromised host  
 trauma  diabetic  
 bite

**ANTIBIOTIC RESISTANT ORGANISMS**

MRSAC  MRSA screen  Nose  Groin  Urine  Other \_\_\_\_\_  
Admission screen  Yes  No Must indicate

VRES  VRE screen  Feces  Rectal  Urine  Other \_\_\_\_\_  
Admission screen  Yes  No Must indicate

**OTHER SPECIMENS/TESTS/SPECIAL REQUESTS**

SITE (specify) \_\_\_\_\_ **SPECIMEN (type)** \_\_\_\_\_

CHLC  Chlamydia trachomatis culture  CMV NAT in blood  
 Legionella culture  DFA (specify) \_\_\_\_\_  
 Genital mycoplasma culture  EM (specify) \_\_\_\_\_  
 Mycobacterial (TB) culture  Other test(s) (specify) \_\_\_\_\_  
 Viral detection (specify \_\_\_\_\_)  
 Pneumocystis (induced sputum) \_\_\_\_\_

## FAQ's and Laboratory Testing Protocols

- The ACO Laboratory Testing Clinical Practice Guideline is posted on the ACO website under the Resources tab. This document provides guidance to optometrists on ordering and interpreting laboratory tests.
- To prevent possible duplication of Laboratory Test ordering, all optometrists must review previous test results on a provincial database such as Alberta Netcare (or other similar site) before ordering a laboratory test.
- You are **not** permitted to order a laboratory test for yourself or immediate family member.
- The A1c test has a minimum 90-day limit between test orderings. All other laboratory tests do not have time limits.
- Optometrists are responsible for interpretation of all laboratory tests they order and communication of these test results to patients.
- Optometrists are also responsible for appropriate documentation of laboratory test ordering and interpretation on their patient chart.
- The results of all laboratory tests that you order will be faxed to the number you list on your Registration Form. The Lab may also telephone you with regard to any emergency or critical results.
- As optometrists are only authorized to practice within the scope of practice of optometry, optometrists are responsible for the appropriate referral of the patient to the patient's family physician or specialist if indicated by the laboratory test results.
- If a specific laboratory test is not listed on the Requisition Form, you may enter the test in the "Other Tests Not Listed" section of the form.
- Use separate swabs for each eye – do not use the same swab for both eyes for corneal or conjunctival swabs.
- After you perform a corneal or conjunctival swab, place the swab in the vial, break off the handle and seal the lid. You can either drop the sample off yourself at the nearest lab or telephone them for pickup. If pickup or drop-off will not occur for several hours, store the sample in a fridge at 4-8C.
- Do not use a topical anesthetic prior to performing a conjunctival swab.
- Lab Zone websites will have specific information (listed by organism) on specific testing and protocols.

The following website will assist you with best practices and "smart decisions" on lab test ordering and interpretation

<https://choosingwiselycanada.org>