



EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

LABORATORY TESTING ADDENDUM

Effective April 2018

Revised December 2020

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

Additional information for optometrists can be found at:

<https://www.dynalife.ca/InformationforOptometrists>

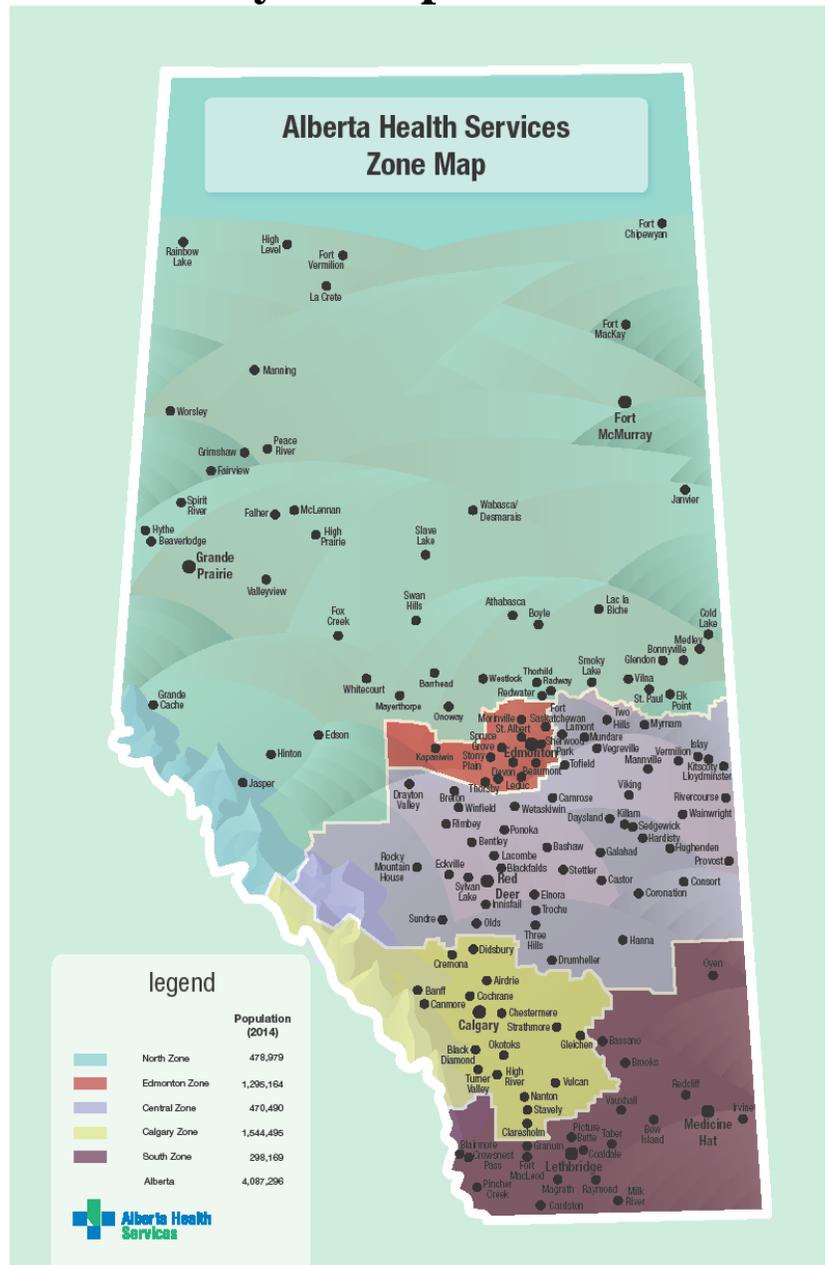


In order to avoid possible duplication of laboratory test ordering, optometrists who wish to order laboratory tests **must** have access to Alberta Netcare (or other similar provincial database) to review previous laboratory test results before ordering any new tests.

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://dynamlife.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 or Fax to 780-701-1721

b) North, Central and South Zones

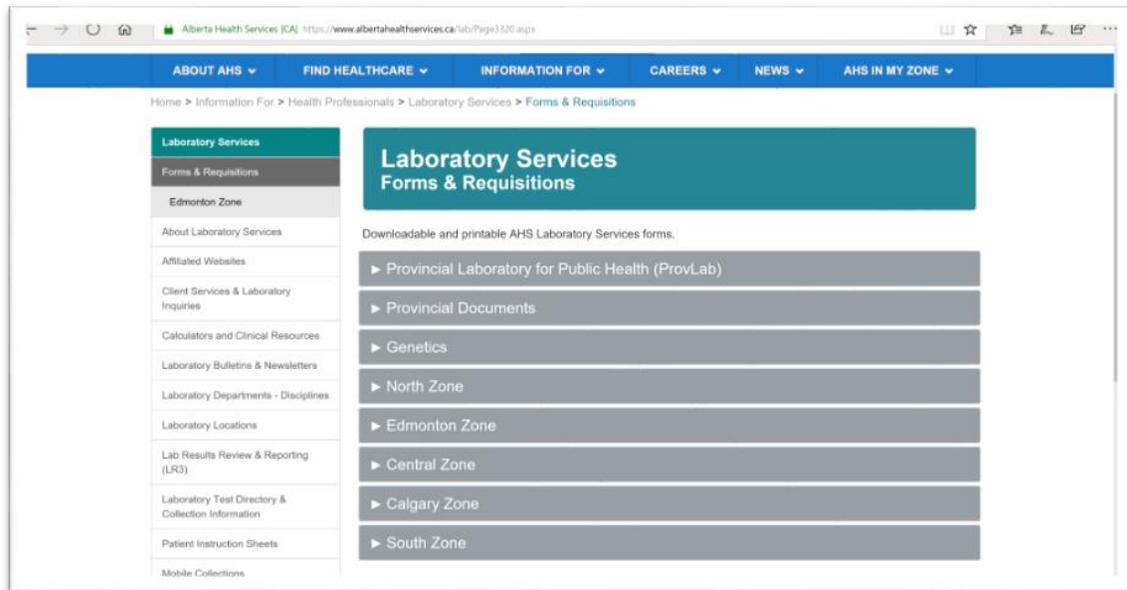
- Step1: <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-pharmacy-optometrist-ordering-info.pdf>
- Step 2: Provide registering email to: providerrequests@ahs.ca including the following information
 - Full first and last name & PRAC ID
 - City or town location
 - Clinic name if applicable
 - 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 Dynamlife 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 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

	<u>CALGARY</u>	<u>EDMONTON</u>
PRIMARY INQUIRIES (To all departments and/or staff)	Ph: 403-944-1200 Fax: 403-270-2216	Ph: 780-407-7121 Fax: 780-407-3864
MICROBIOLOGIST/VIROLOGIST ON CALL (MOC/VOC) (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)
PRENATAL RESULTS HOTLINE		Ph: 780-407-8667
SPECIMEN COLLECTION KIT ORDERS	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?

Go to the Specimen Information website: <https://www.dynalife.ca/SpecimenInformation> and:

- Go to “Specific Specimen Requirements for each test provided in the Test Directory” at the bottom of the page and click on [Test Directory](#)
- Click on: Microbiology
- Click on: E (to create a drop; down list of all test that start with the letter “E”)
- Click on: Eye Culture – and select the appropriate test - Acanthamoeba, Eye Culture, Conjunctiva or Eye Culture Corneal Scraping

How to perform a corneal swab

Click on: <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 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"/> OR 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	CLINICAL INFORMATION / HISTORY						PLEASE NOTE: 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)

INDICATE SPECIALIZED CULTURES BELOW:

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 **SPECIMEN / SOURCE**

RESC bacterial culture sputum expectorated
(must indicate specimen/source) auger suction

AFBC mycobacterial culture (TB) ETT suction
(must indicate specimen/source) bronchial wash (for BAL or PSB,
 other (specify) _____ use Bronch requisition)

URINARY TRACT SPECIMENS

URC bacterial culture **SPECIMEN**
 other _____ MSU
 catheter - in/out
 catheter - indwelling
 catheter - intermittent

CLINICAL INFORMATION

dysuria recent GU surgery cystoscopy
 frequency kidney transplant other (specify) _____
 pyuria pregnant

WOUNDS/SKIN/ABSCESSSES/SURGICAL SPECIMENS

SITE (specify) _____
 bacterial culture

FUNC fungal culture / KOH **SPECIMEN**
 other _____ swab
 fluid joint

CLINICAL INFORMATION

abscess deep tissue
 ulcer superficial biopsy
 wound chronic infection bone chips
 surgical compromised host IV catheter tips
 trauma diabetic foreign body/implant _____
 bite other (specify) _____

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>