



# **EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE**

## **LABORATORY TESTING ADDENDUM**

**Effective April 2018**

**Revised December 2020**

**Revised September 2021**

# 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>**

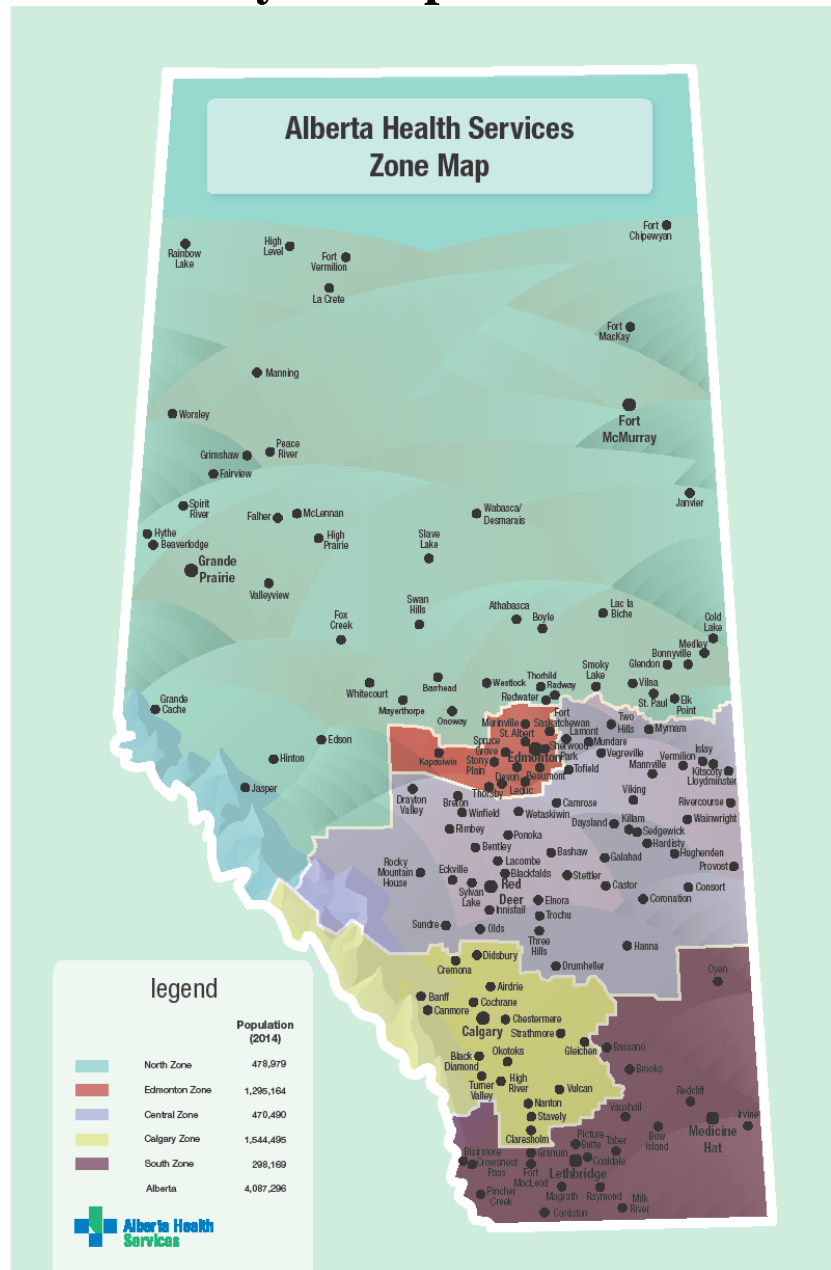


In order to avoid possible duplication of laboratory test ordering, optometrists who wish to order laboratory tests **must** have access to Alberta Netcare (or other similar provincial database) to review previous laboratory test results before ordering any new tests.

**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://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

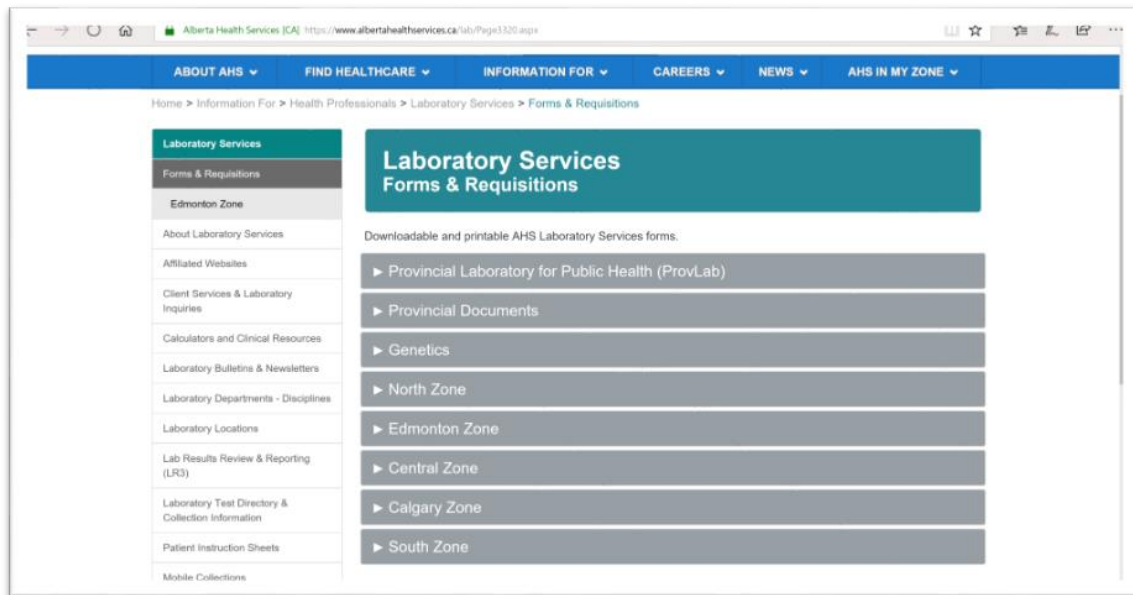
- Step1: <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-pharmacy-optometrist-ordering-info.pdf>
- Step 2: Provide registering email to: [providerrequests@ahs.ca](mailto:providerrequests@ahs.ca) including the following information
  - Full first and last name & PRAC ID
  - City or town location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

However, in order to access this link, you will require a password and user login from Rob Campbell. To contact him for your password and user login:

- His email is [rob.campbell@dynalife.ca](mailto:rob.campbell@dynalife.ca)
- His phone number is 780 – 451 – 3702 (extension 8314)

### 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?**

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](http://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 _____  Physician Code _____  Address _____  Full name and location <b>MUST</b> be provided
Address				City	Prov.	Postal Code		
Chart #		Patient Phone #		Lab #				
Ordering Physician / Practitioner				Physician Code		Specimen Event Type		Bill Type CPL <input type="checkbox"/> Alberta Health Care CO <input type="checkbox"/> Company OR <input type="checkbox"/> Out of Prov. XX <input type="checkbox"/> Pre-paid PB <input type="checkbox"/> Patient Bill
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. Name _____
Report Address if different:								Address _____
Date specimen collected DD MM YY		Col. Location		<b>CLINICAL INFORMATION / HISTORY</b>  ANTIBIOTICS (Specify) _____ IMMUNOSUPPRESSED <input type="checkbox"/> Yes <input type="checkbox"/> No				Client # _____
TIME (24 h)		Collector						PLEASE NOTE: ONLY ONE SPECIMEN PER REQUISITION.

**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 INDICATE SPECIALIZED CULTURES BELOW:  
☐ bone marrow culture ☐ mycobacterial culture (TB)  
 FLDC ☐ fluid culture (specify) \_\_\_\_\_

**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  
 DEG/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) \_\_\_\_\_

**FUNGAL CULTURE**

FUNC ☐ Fungal Culture / KOH

☐ Skin scrapings ☐ Hair ☐ Nails ☐ 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  
☐ 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 **SPECIMEN**  
☐ other \_\_\_\_\_ ☐ 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>