



LABORATORY TESTING ADDENDUM

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Addendum

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

- How to register as a provider for Laboratory Testing
- How to access and fill out Laboratory Requisition Forms
- How to order Laboratory supplies
- 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 through community labs **must** have access to Alberta Netcare (or other similar provincial database) to review previous laboratory test results before ordering any new tests. If using a private lab, access to Netcare before ordering labs is not required as this would be a private pay option.

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 – Register as a Provider

1. Visit <https://provideridlookup.albertahealthservices.ca/Auth/Login> to get your Connect Care ID's. All practitioners will have a Connect Care ID, but not all practitioners will have access to Connect Care. You will require your Submitter ID for registration, and both your Provider ID and Submitter ID for requisition forms.
 - a. Fill in your last name and practice ID.



Connect Care Submitter, Department and Provider ID Lookup

Login

Please note: This site will search and display community-based locations only; AHS affiliated locations are not included.

Last Name *

Prac ID *

- b. Provider ID is found at the top. Then search for your Submitter ID in the bottom left box. Note, it may be easier to search your postal code instead of the clinic name.

Welcome

Provider ID: 123456

First Name (Middle Name): Sample

Last Name: Sample

Provider ID: A single ID that identifies the ordering provider regardless of their location.

Submitter ID: Identifies the clinic location / location where laboratory tests are ordered from.

Department ID: Identifies the clinic location / location where diagnostic imaging is ordered from.

NOTE: If your clinic uses eDelivery and you need to associate a provider with your clinic or location, please complete the "Request for Provider/Prescriber Set-Up in Health Information Systems" Form to receive results in your EMR.

Please note: This site will search and display community-based locations only; AHS affiliated locations are not included.

Find a Submitter ID

Type a Location Name, Postal Code, or Submitter ID here.

Find a Department ID

Type a Location Name, Postal Code, or Department ID here.

2. Visit <https://www.albertahealthservices.ca/frm-21762.pdf> and fill out the provider set-up form. If you practice at multiple locations, you will have to

register as provider for each individual location, as each location will have a unique Submitter ID.

3. Fax your completed form(s) to (780) 644 -1792 or email form(s) to AHS.Provider_Requests@ahs.ca.

Step 2 – How to Access Lab Requisition Forms

1. Visit <https://www.albertaprecisionlabs.ca/hp/Page13849.aspx> and scroll down to the “Full List of Requisitions” where you can download a PDF blank copy of a lab requisition and fill out your information. Click “General Laboratory Requisition-21302” to access the pdf form.
 - a. Commonly used forms include:
 - i. General Laboratory Requisition
 - ii. Microbiology Requisition
 - iii. Ophthalmology Microbiology Requisition
2. Alternatively, you can use the Requisition Generator at the above link by clicking the “Create Requisition Now” button. Please note, this only allows you to electronically fill out your provider information on a requisition form to print, and it does not allow you to electronically select the lab tests you require.

Step 3 – How to Fill Out Lab Requisition Forms

1. See below for patient and provider information completion aid.



**ALBERTA PRECISION
LABORATORIES**
Leaders in Laboratory Medicine

Requisition Completion Aid

				Scanning Label or Accession # <i>(lab only)</i>	
Patient	PHN 12345-6789	Expiry:	Date of Birth <i>(dd-Mon-yyyy)</i> 01 APR 2004		
	Legal Last Name Sample		Legal First Name William		Middle Name George
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Phone xxx-xxx-xxxx
			<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer not to disclose	
Address 111 My Avenue		City/Town Edmonton	Prov AB	Postal Code T2T 2T2	
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i> Example, Doctor S			Copy to Name <i>(last, first, middle)</i> Example, Copy Provider	
	Address 1234 211 St, Edm, AB T3T 3T3		Phone xxx-xxx-xxxx	Address 4567 89 Ave EDM, AB T5T 5T5	
	CC Provider ID numeric digits	CC Submitter ID numeric digits	Legacy ID	Phone xxx-xxx-xxxx	Phone
	Clinic Name Family Medicine Clinic			Clinic Name Associated Medical Clinic	
Collection	Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location		Collector ID

Required Provider Information Fields

- **Authorizing Provider:** The provider ordering the test and acting on the test result.
- **Connect Care (CC) Provider ID:** Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.
- **Connect Care (CC) Submitter ID:** Unique ID for the location or clinic and is used to route reports.

NOTE: Both Provider ID and Submitter ID are required to correctly route reports.

Copy To Provider(s)

Complete Name, Address and Clinic Name will assist in selecting the correct provider.

Patient Information Fields

- **PHN Expiry Date:** Required for patients with out-of-province healthcare insurance (if applicable).
- **Alternate Identifier:** Unique ID (ULI, MRN, government issued ID, etc.).
- **Preferred Name:** Use if the preferred name differs from legal name.
- **Gender: “Non-binary” and “Prefer not to disclose”** provide choices of response other than “male” or “female”.

2. Check off each lab test you would like to order. If you do not see a lab test that you are looking for listed, write it down in the “Additional Tests” section at the bottom of the requisition page. If you do not know the name of a test you are ordering, you can search the test directory found at <https://td.albertaprecisionlabs.ca>.

3. See the following page for an example of a filled-out requisition form.

General Laboratory Requisition

Alberta Precision Laboratories 1-877-868-6848

Appointment Booking - online at www.albertaprecisionlabs.ca or 1-877-702-4486

Locations and Hours of Operation www.albertaprecisionlabs.ca

Scanning Label or Accession # (lab only)

Patient information section including PHN, Date of Birth, Legal Name, Address, and Authorizing Provider details.

Main requisition section with checkboxes for Hematology, Chemistry, Immunology, and other tests, plus collection and fasting instructions.

Ophthalmology Microbiology Requisition

Scanning Label or Accession # (lab only)

Alberta Precision Laboratories 1-877-868-6848
Appointment Booking & Locations: www.albertaprecisionlabs.ca

Patient	PHN	Expiry: _____	Date of Birth (dd-Mon-yyyy)		
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town	Prov	Postal Code
Provider(s)	Authorizing Provider Name (last, first, middle)		Copy to Name (last, first, middle)	Copy to Name (last, first, middle)	
	Address		Phone	Address	
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	
	Clinic Name		Clinic Name	Clinic Name	
Collection	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID	
	Clinical Information/Suspected Organism			Antimicrobials	

- Label all sample containers and media with the patient's full first and last name and Personal Health Number (PHN/ULI) or Government issued identification (Military, Federal, RCMP, Immigration), as well as date and time of collection and source/site. If a patient demographic label is available, attach this label to the outside of the container.
- If submitting slides, **ensure the actual slides are labelled** (not slide container) with the patient's full first and last name (at minimum).
- If only one slide collected, **clearly indicate** on slide or requisition whether bacterial staining (Gram) or fungal staining required.

Specimen	Tests Required	Collection Container/Device
<input type="checkbox"/> Corneal scraping/tissue (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Eye Culture, Invasive (Bacterial Culture)	Media/slides inoculated at bedside OR Sterile container OR Pre-reduced anaerobic media
	<input type="checkbox"/> Fungal Culture	
	<input type="checkbox"/> Acanthamoeba Culture	Sterile container with Page's Amoeba Saline
	<input type="checkbox"/> Mycobacteria Culture (Acid-fast bacilli, AFB)	Sterile container. Dedicated specimen required
	<input type="checkbox"/> Keratitis/Conjunctivitis NAT Panel (Includes adenovirus, enterovirus, HSV, VZV, parechovirus)	Universal Transport Media (UTM)
<input type="checkbox"/> Aqueous Fluid <input type="checkbox"/> Vitreous Fluid (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Eye Culture, Invasive (Bacterial Culture)	Media/slides inoculated at bedside OR Sterile container OR Pre-reduced anaerobic media
	<input type="checkbox"/> Fungal Culture	
	<input type="checkbox"/> Acanthamoeba Culture	Sterile container with Page's Amoeba Saline
	<input type="checkbox"/> Mycobacteria Culture (Acid-fast bacilli, AFB)	
	<input type="checkbox"/> Chorioretinitis NAT Panel (Includes CMV, HSV/VZV, Toxoplasma gondii)	Sterile container Dedicated specimen required
<input type="checkbox"/> Contact Lens <input type="checkbox"/> Contact Lens Case <input type="checkbox"/> Contact Lens Solution	<input type="checkbox"/> Acanthamoeba Culture	Sterile container with Page's Amoeba Saline
<input type="checkbox"/> Conjunctival Swab (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Eye Culture, Superficial (Bacterial Culture)	ESwab
	<input type="checkbox"/> Neisseria gonorrhoeae Culture	
	<input type="checkbox"/> Chlamydia and Gonorrhea Screen	APTIMA Unisex blue swab
<input type="checkbox"/> Lacrimal duct <input type="checkbox"/> Eyelid (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Keratitis/Conjunctivitis NAT Panel (Includes adenovirus, enterovirus, HSV, VZV, parechovirus)	Universal Transport Media (UTM)
<input type="checkbox"/> Lacrimal duct <input type="checkbox"/> Eyelid (specify) <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Superficial (≤2cm) Wound Culture (Bacterial Culture)	ESwab
	<input type="checkbox"/> Deep (≥2cm) Wound Culture (Bacterial Culture)	

Additional Tests (must specify test and specimen source)

Ophthalmology Microbiology Requisition

The Ophthalmology Microbiology Requisition #22154 form can be downloaded from:
<https://www.albertahealthservices.ca/frm-22153.pdf>

This requisition must be used for all ophthalmic microbiology cultures, and must include the following details:

- Clinical Information / Suspected Organism
- Use of any anti-microbials
- Specimen Type
- Tests Required

Ophthalmic Samples and requests must be submitted with the following laboratory policy:

- [Acceptance of Laboratory Samples and Test Requests Policy](#)
- [Acceptance of Laboratory Samples and Test Requests Policy – Appendix A](#)

Questions/Concerns

North/Edmonton/Central Zones: Dr. Sumit Das
Ophthalmic Subspecialty Group Co-Lead, North Sector at
sumit.das@albertaprecisionlabs.ca

Calgary/South Zones: Dr. Martin Hyrcza
Ophthalmic Subspecialty Group Co-Lead, South Sector at
martin.hyrcza@albertaprecisionlabs.ca

All other general inquiries can be directed to:
APL Provincial contact 1-877-868-6848

Ordering Laboratory Supplies

To order lab supplies for corneal/conjunctival scrapings, fill in the form titled “Corneal Scraping Bedside Media Kit Supply Order Form” on:
<https://www.albertaprecisionlabs.ca/hp/Page14021.aspx>

All provincial zones have been consolidated within Alberta Precision Laboratories system.

For further information regarding Alberta Precision Laboratories consult their website:
<https://www.albertaprecisionlabs.ca/default.aspx>

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 sites) before ordering a laboratory test.
- If using private pay laboratories, access to Netcare (or other similar sites) to review previous test results is not required.
- 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 their scope of practice, 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 off the sample 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>