

LONDON HEALTH SCIENCES CENTRE
Clinical Microbiology
Victoria Hospital E3-201 (519 685-8212)

MICROBIOLOGY REQUISITION

ADDRESSOGRAPH LABEL HERE

Ordering Physician: _____
Ophthalmology Dept.



Please Send Results to: _____ Pager: _____ Copies to: _____

Collect Date: _____
DD/MM/YYYY

Priority: Routine: Stat:

Collect Time: _____

Which Eye: Right Left Previous Treatment: Yes No

Source of Specimen:

(Use a separate culture kit and requisition for each)

Conjunctiva
Cornea
Lids
Aqueous
Vitreous
Other

Clinical Diagnosis:

Blepharitis
Conjunctivitis
Keratitis
Endophthalmitis
Other _____

Clinical History:

Trauma
Contact Lens
Post OP
Other _____

Test Required:

- Bacterial Culture: Aerobic - submit BLOOD, CHOCOLATE, THIOGLYCOLATE broth
- Bacterial Culture: Anaerobic - special order anaerobic specimen container
- Fungal Culture - submit slope agar
- Smear Gram Acanthamoeba stains Other: _____
- Acanthamoeba culture specimen sent in sterile saline for non-nutrient agar planting
- Viral (Dacron swab / pink solution tube) Adeno HSV VZV
- Chlamydia (Dacron/pink solution)

Sensitivity Required ? Yes No Which Antibiotic ? _____