ST. MICHAEL'S
UNITY HEALTH TORONTO

30 Bond Street, Toronto, ON M5B 1W8

6 6 0 6 0

Clear Form

DATE AND LOCATION | CHART NUMBER

PATIENT'S NAME

DATE OF BIRTH

ADDRESS

HEALTH NUMBER

MOST RESPONSIBLE PHYSICIAN

PHYSICIAN ORDERING TEST

MICROBIOLOGY REQUISITION

LAB NUMBER

COLLECTION DATE | TIME

SPECIMEN TYPE

SOURCE

NOTE: ALL DATA ARE REQUIRED FOR FULL DIAGNOSIS. FAILURE TO SUPPLY WILL DELAY REPORT.

TEST(S) REQUESTED

RELEVANT CLINICAL INFORMATION

CURRENT ANTIMICROBIALS

ANTIBIOTIC LEVEL

ANTIBIOTIC	DOSE	ROUTE OF ADMINISTRATION	TIME LAST DOSE GIVEN	TIME BLOOD TAKEN
		I.M. ☐ I.V. ☐		