

MICROBIOLOGY

Telephone 020 8725 5468



NHS NUMBER

--	--	--	--	--	--	--	--	--	--

SURNAME

FORENAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

REQUESTING GP

GP CODE

SURGERY/WARD

SURGERY CODE

CONTACT NUMBER FOR SIGNIFICANT RESULTS

SPECIMEN TYPE

IF URINE SPECIFY MSU/CSU

GENDER

M	F
---	---

IMMUNOCOMPROMISED?

Y	N
---	---

PREGNANT ?

Y	N
---	---

GESTATION:

HOSPITAL NUMBER

--	--	--	--	--	--	--	--	--	--

PATIENT ADDRESS

POSTCODE:

PATIENT TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CLINICAL DETAILS

DATE OF ONSET/EXPOSURE

DRUG/ANTIMICROBIAL THERAPY

RECENT TRAVEL

NHS

PRIVATE

CAT II

BACTERIOLOGY

 MC + S MYCOLOGY CHLAMYDIA/GC PCR OCP (must include clinical details) HIV Ag/Ab ANC (including HIV) SYPH

VIRUS DETECTION (Please specify):

VIROLOGY AND SEROLOGY

 HIV, HEPB, HEPC ANC (excluding HIV) ANTI HBS (hep B vac response) ACUTE HEPATITIS SCREEN EBV/CMV SEROLOGY

OTHER TESTS REQUIRED :

SPECIMEN DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

TIME

--	--

PHLEBOTOMIST NAME

PHLEBOTOMIST SIGNATURE

REFER TO WWW.SWLPATH.NHS.UK FOR SAMPLE TUBE AND SAMPLE COLLECTION REQUIREMENTS

GM-FRM001 Rev: 01

IF CLINICAL DETAILS DO NOT JUSTIFY THE REQUESTED TESTS THEY MAY NOT BE PERFORMED

Issue Date: 08/02/2017