

# MICROBIOLOGY

Telephone 020 8725 5695/5689

MAKING EVERY TEST MATTER

NHS NUMBER

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SURNAME

FORENAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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REQUESTING CLINICIAN/GP

GP CODE

SURGERY/WARD/CLINIC

SURGERY CODE

CONTACT NUMBER FOR SIGNIFICANT RESULTS

SPECIMEN TYPE

IF URINE SPECIFY MSU/CSU

HOSPITAL NUMBER

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HOSPITAL LOCATION

NHS NUMBER

GENDER

M	F
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IMMUNOCOMPROMISED?

Y	N
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PREGNANT ?

Y	N
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GESTATION:

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

HIV, HEPB, HEPC

ANC (excluding HIV)

ANTI HBS (hep B vac response)

ACUTE HEPATITIS SCREEN

EBV/CMV SEROLOGY

VIRUS DETECTION (Please specify):

## VIROLOGY AND SEROLOGY

OTHER TESTS REQUIRED :

SPECIMEN DATE

D	D	M	M	Y	Y	Y	Y
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TIME

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PHLEBOTOMIST NAME

PHLEBOTOMIST SIGNATURE

REFER TO [WWW.SWL.PATH.NHS.UK](http://WWW.SWL.PATH.NHS.UK) FOR SAMPLE TUBE AND SAMPLE COLLECTION REQUIREMENTS

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

GM-FRM001 Rev: 03

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