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| **Request for Laboratory Services MICROBIOLOGY DEPARTMENT****Central Pathology Laboratory, St. James’s Hospital, Dublin 8.** **Tel.: 4162941 / 4162966 / 4162967**  | **FOR LABORATORY USE ONLY. PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE** |
| **Request Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):** **Hospital**  **Patient’s MRN Date of Birth / /**  **Surname** **First Name Male Female**  **Patient’s Address:**  |
|  **Signature of Person Making the Request:** **Consultant’s Name:** **Ward or Clinic Name: Contact Number for Reports:**  |
| **Clinical****Details** | **Drug / Antibiotic****Therapy** |
| **Date Taken: Time Taken: Date/Time Received:**  |
| **SPECIMENS (Please Tick): Blood Urine Stool Swab Other** |
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| **General Microbiology-Specimen site required to ensure correct processing** |
| **Culture & Sensitivity****[ ] Urine** **[ ] Swab****[ ] Fluid**  **Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **[ ] Sputum C/S****[ ] Sputum TB****[ ] MRSA Screen Swab** **(Nasal / Throat / Groin)** | **Fungal Culture****[ ] Nail Clippings** **[ ] Hair****[ ] Skin Scrapings**  **Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ] Stools Investigation****[ ] Stools Ova & Parasites\*\*****\*\* performed only when relevant clinical details are provided.**  |  **STI Molecular Investigations****[ ] CT/NG (Endocervical Swab)****[ ] CT/NG (Vaginal Swab)****[ ] CT/NG (First Void Urine)****[ ] CT/NG (Pharyngeal Swab)** **[ ] CT/NG (Rectal Swab)****Viral Molecular Investigations** **(Green Top Viral Swab)** **[ ] Herpes Simplex Virus (HSV)****[ ] Varicella Zoster Virus (VZV)****Site: \_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Serology (Order either profiles or individual Investigations as appropriate)** |
| **For further information please refer to “Viral Hepatitis Testing for General Practitioners” in the Laboratory Policies & Guidelines section at** [**www.stjames.ie**](http://www.stjames.ie) **under the Lab Services tab.** |
| **PROFILES****[ ] STI Screen Syphilis / HIV / HepB sAg****[ ] Measles / Mumps / Rubella Screen IgG****[ ] Viral Hepatitis B & C Screen**  **(Hep B sAg, Hep C Ab)****[ ] Hepatitis B Infection Status**  **(Hep B sAg, Hep B cAb)****[ ] Current Hepatitis C infection (Hep C core Ag)**  | **INDIVIDUAL INVESTIGATIONS** |
| **[ ] Syphilis [ ] Hep C core Ag****[ ] HIV [ ] Measles****[ ] Hep B sAg. [ ] Mumps****[ ] Hep B sAb (Post-Vaccination) [ ] Rubella** **[ ] Hep B core Ab [ ] Hep A IgG****[ ] Hep C Ab [ ] VZV IgG** **[ ] Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Specimen requirements and other information is available on** [**www.stjames.ie**](http://www.stjames.ie)**. Click on the “Lab Services” Tab.****P904B1 Version 3** |