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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** | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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** | | |