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| --- | --- | --- | --- |
| **GP Request for Laboratory Services**  **MICROBIOLOGY DEPARTMENT**  **C. P. L., St. James’s Hospital, Dublin 8.**  **Tel.: 4162941 / 4162966 / 4162967** | | clear James logo (2) | **FOR LAB USE ONLY**  **PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE** |
| **Patient Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):**  **Surname**    **First Name Male Female**  **Date of Birth / / Ethnicity (if relevant)** | | | |
| **Patient’s Address:** | | | |
| **Doctor’s Practice address or practice stamp here Practice Telephone Number:**  **Name Doctor’s**  **SJH Lab Code**  **Doctor’s This is mandatory to ensure the**  **Signature doctor can be contacted during**  **Medical Council routine laboratory working**  **Registration Number hours 8am to 8pm.** | | | |
| **Clinical Details** | **Drug / Antibiotic Therapy** | | |
| **Date Specimen Taken: Time Taken: Date/Time Received:** | | | |
| **SPECIMENS (Please Tick): Blood Urine Stool Swab Other** | | | |

Specimen requirements and other information are available on [www.stjames.ie](http://www.stjames.ie) by clicking on the “Lab Services” Tab.

For further information onordering hepatitisscreens please refer to “Viral Hepatitis Testing for General Practitioners” in the

Laboratory Policies & Guidelines section.

**[ ] STI Screen (Syphilis, HIV, Hep B 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)**

**[** ] **Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] 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**

**INDIVIDUAL INVESTIGATIONS**

**PROFILES**

**Serology (Order either profiles or individual Investigations as appropriate)**

**[ ] MRSA Screen Swab**

**(Nasal/Throat/Groin)**

**[ ] Stools Investigation**

**[ ] Stools Ova & Parasites\*\***

**\*\* performed only when relevant clinical details are provided.**

**Viral Molecular Investigations**

**(Green Top Viral Swab)**

**[ ] Herpes Simplex Virus (HSV)**

**[ ] Varicella Zoster Virus (VZV)**

**Site: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**STI Molecular Investigations**

**[ ] CT/NG (Endocervical Swab)**

**[ ] CT/NG (Vaginal Swab)**

**[ ] CT/NG (First Void Urine)**

**[ ] CT/NG (Pharyngeal Swab)**

**[ ] CT/NG (Rectal Swab)**

**Fungal Culture**

**[ ] Nail Clippings**

**[ ] Hair**

**[ ] Skin Scrapings**

**Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] Sputum C/S**

**[ ] Sputum TB**

**Culture & Sensitivity**

**[ ] Urine**

**[ ] Swab**

**[ ] Fluid**

**Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Microbiology: Specimen site required to ensure correct processing**