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