

Clinical Details			Drug / Antibiotic Therapy		
Date Specimen Taken:	<input style="width: 95%;" type="text"/>	Time Taken:	<input style="width: 95%;" type="text"/>	Date/Time Received:	<input style="width: 95%;" type="text"/>
SPECIMENS (Please Tick): Blood <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Swab <input type="checkbox"/> Other <input type="checkbox"/> → <input style="width: 100px;" type="text"/>					

Culture & Sensitivity <input type="checkbox"/> Urine <input type="checkbox"/> Swab <input type="checkbox"/> Fluid Site: _____	Fungal Culture <input type="checkbox"/> Nail Clippings <input type="checkbox"/> Hair <input type="checkbox"/> Skin Scrapings Site: _____	STI Molecular Investigations <input type="checkbox"/> CT/NG (Endocervical Swab) <input type="checkbox"/> CT/NG (Vaginal Swab) <input type="checkbox"/> CT/NG (First Void Urine) <input type="checkbox"/> CT/NG (Pharyngeal Swab) <input type="checkbox"/> CT/NG (Rectal Swab)
<input type="checkbox"/> Sputum C/S <input type="checkbox"/> Sputum TB <input type="checkbox"/> MRSA Screen Swab (Nasal/Throat/Groin)	<input type="checkbox"/> Stools Investigation <input type="checkbox"/> Stools Ova & Parasites** ** performed only when relevant clinical details are provided.	Viral Molecular Investigations (Green Top Viral Swab) <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Varicella Zoster Virus (VZV) Site: _____

PROFILES	INDIVIDUAL INVESTIGATIONS	
<input type="checkbox"/> STI Screen (Syphilis, HIV, Hep B sAg <input type="checkbox"/> Measles / Mumps / Rubella Screen IgG <input type="checkbox"/> Viral Hepatitis B & C Screen (Hep B sAg, Hep C Ab) <input type="checkbox"/> Hepatitis B Infection Status (Hep B sAg, Hep B cAb) <input type="checkbox"/> Current Hepatitis C infection (Hep C core Ag)	<input type="checkbox"/> Syphilis <input type="checkbox"/> HIV <input type="checkbox"/> Hep B sAg <input type="checkbox"/> Hep B sAb (Post-vaccination) <input type="checkbox"/> Hep B core Ab <input type="checkbox"/> Hep C Ab	<input type="checkbox"/> Hep C core Ag <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hep A IgG <input type="checkbox"/> VZV IgG
	<input type="checkbox"/> Other (please specify): _____	

Specimen requirements and other information are available on www.stjames.ie by clicking on the “Lab Services” Tab. For further information on ordering hepatitis screens please refer to “Viral Hepatitis Testing for General Practitioners” in the Laboratory Policies & Guidelines section.