GP Request for Laboratory Services MICROBIOLOGY DEPARTMENT

Laboratory Policies & Guidelines section.

C. P. L., St. James's Hospital, Dublin 8.



FOR LAB USE ONLY
PLEASE AFFIX SPECIMEN
NUMBER BARCODE LABEL
HERE

Tel.: 4162941 / 4162966 / 42	162967		The De agus Aren	HERE
Patient Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):				
Surname				1
First Name			Mal	e 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: Date/Time Received:				
SPECIMENS (Please Tick): Blood Urine Stool Swab Other —				
General Microbiology: Specimen site required to ensure correct processing				
Culture & Sensitivity	Fungal Culture		STI Molecular Investigations	
[] Urine	[] Nail Clippings		[] CT/NG (Endocervical Swab)	
[] Swab	[] Hair		[] CT/NG (Vaginal Swab) [] CT/NG (First Void Urine)	
[] Fluid	[] Skin Scrapings		[] CT/NG (Pharyngeal Swab)	
Site:	Site:		[] CT/NG (Rectal Swab)	
[] Sputum C/S	[] Stools Investigation		Viral Molecular Investigations	
[] Sputum TB	[] Stools Ova & Pa		(Green Top Viral Swab)	
[] MRSA Screen Swab	** performed only when relevant		[] Herpes Simplex Virus (HSV)	
(Nasal/Throat/Groin)	clinical details are provided.		[] Varicella Zoster Virus (VZV) Site:	
Savelence (Onder either modiles an individual laureting)				
Serology (Order either profiles or individual Investigations as appropriate) PROFILES INDIVIDUAL INVESTIGATIONS				
[] STI Screen (Syphilis, HIV,				
[] Measles / Mumps / Rubella Screen IgG		[] Syphilis		[] Hep C core Ag
[] Viral Hepatitis B & C Screen		[] HIV		[] Measles
(Hep B sAg, Hep C Ab)		[] Hep B sAg [] Mumps		
[] Hepatitis B Infection Status		[] Hep B sAb (Post-vaccination) [] Rubella		
(Hep B sAg, Hep B cAb)		[] Hep B core Ab [] Hep A IgG		
[] Current Hepatitis C infection		[] Hep C Ab		[] VZV IgG
(Hep C core Ag)		[] 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				