

MICROBIOLOGY REQUEST FORM



**PUBLIC HEALTH LABORATORY, CHERRY ORCHARD HOSPITAL,
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SWAB/SPUTUM FLUIDS/ BLOOD CULTURE
LAB USE ONLY [AFFIX LAB NO. HERE]
*Specimen Type/Site:

URINE
LAB USE ONLY [AFFIX LAB NO. HERE]
*Type of Sample: MSU <input type="checkbox"/> CSU <input type="checkbox"/> Other: _____

FAECES
LAB USE ONLY [AFFIX LAB NO. HERE]
*Specimen Description:

Outbreak Code:

Sporadic Outbreak

*Hosp. No.:	*Date of Birth	*M	*F
*Surname:			
*Forename:			
*Patient Address:			
*Hosp/Ward:			

*Requesting GP/Doctor to receive result:	
*Address:	
*Doctor's Signature:	*Phone:

Date Sample Taken: _____

Test Requested: _____

Requesting Lab No.: _____

Clinical Details/Therapy: _____

Further Info.: _____

EHO Name: _____

EHO Contact No.: _____

Recent Travel/Country: _____

Occupation: _____

Date Received in PHL: _____



Please ensure all patient details are completed on the form and the specimen is clearly labelled to avoid sample rejection/significant delays in processing.
Fields denoted by an * indicate compulsory completion. Please use BLOCK CAPITALS.