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| --- | --- | --- | --- | --- |
| **PHL DUBLIN - *Campylobacter* NRL REQUEST FORM** | | | | |
| **PHL LAB NO.** |  | **SAMPLE DETAILS** | | |
| **OUTBREAK CODE:** | Year-CAMP-NRL | **\*Date of Sampling:** |  | |
| **Referring Lab No:** |  | **\*Sample Type:** | **Stool 🗆 Isolate 🗆** | |
| **\*Hosp/Chart No:** |  | **\*Date of Isolation:** |  | |
| **\*Surname:** |  | **\*Source of Isolation:** | **Stool 🗆 Other 🗆** | |
| **\*Forename:** |  | **CLINICAL DETAILS** | | |
| **\*DOB:** |  | **Diarrhoea 🗆** | | **Bloody Diarrhoea 🗆** |
| **Gender: M 🗆** **F 🗆** | | **Other clinical details:** | | |
| **\*Patient Address:** | | **Foreign Travel?:** | | |
|  | | **INCIDENT TYPE** | | |
|  | | **Sporadic:** | | |
| **REQUESTING DOCTOR** | | **Household Outbreak:** | | |
| **Doctor Name\*:** | | **General Outbreak:** | | |
| **Contact No\*:** | | **NOTES:** | | |
| **Address:** | |
|  | |
| **REQUESTING LABORATORY** | |
| **\*Lab. Name:** | |
| **Contact No:** | |
| **Technical Findings**  **\*PCR Result / Ct value:** | |
| **Date Received in PHL:** | | |
| # Please ensure all isolates are appropriately packaged and transported in accordance with current regulations.  # Please ensure all Patient details are complete on the form and the specimen is clearly labelled to avoid sample rejection/significant delays in processing.  **FIELDS DENOTED BY \* INDICATE COMPULSORY COMPLETION. PLEASE USE BLOCK CAPITALS.** | | | | |