|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PHL DUBLIN - VTEC NRL REQUEST FORM**  **Request Status**: Urgent 🗆 Non-urgent🗆 | | | | | | | | |
| **PHL LAB NO.** | |  | | | **SPECIMEN DETAILS** | | | |
| **OUTBREAK CODE:** | |  | | | **Date of Sampling:** | |  | |
| **\*Referring Lab No:** | |  | | | **Sample Description:** | | **Stool:** 🗆 **Isolate:** 🗆 | |
| **\*Hosp/Chart No:** | |  | | | **Test Requested:** | |  | |
| **\*Surname:** | |  | | | **If isolate, primary sample description:**  🗆 **Stool:** 🗆 **Other:** 🗆 | | | |
| **\*Forename:** | |  | | |
| **Gender: M** 🗆 **F** 🗆 | | **\*DOB: \_\_/ \_\_/\_\_\_\_\_\_\_** | | | **Date of Isolation:** | |  | |
| **\*Patient Address:** | | | | | **OUTBREAK DETAILS** | | | |
|  | | | | | **ENV.**  **HEALTH** | **EHO Name:** | | |
| **REQUESTING DOCTOR** | | | | | **EHO Contact No:** | | |
| **Doctor Name\*:** | | | | | **PUBLIC HEALTH DEPTS** | **Public Health Name:** | | |
| **Contact No\*:** | | | | | **PH Location:** | | |
| **Address:** | | | | | **PH Contact No:** | | |
| **REQUESTING LABORATORY** | | | | | **INCIDENT TYPE** | | | |
| **Lab. Name:** | | | | | **Sporadic:** | | |  |
| **Contact No:** | | | | | **Household Outbreak:** | | |  |
| ***PCR* positive*:*  Yes 🗆 No 🗆 Not tested 🗆**  **Technical findings:** | | | | | **General Outbreak:** | | |  |
| **NOTES:** | | | |
| **CLINICAL DETAILS:** | | | | |
| **Diarrhoea 🗆** | **Bloody Diarrhoea 🗆** | | | **HUS 🗆** |
| **Other clinical details:** | | | **Foreign Travel?:** | | **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.** | | | | | | | | |