|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHL DUBLIN – ROUTINE ENTERIC REQUEST FORM**  **(for primary gastro-enteric diagnosis – see pathogen specific request forms for NRL services)** | | | | |
| **PHL LAB NO.** |  | **SAMPLE DETAILS** | | |
| **OUTBREAK CODE:** |  | **\*Date of Sampling:** |  | |
| **Referring Lab No:** |  | **\*Sample Type:** | **Stool 🗆 Isolate 🗆** | |
| **\*Hosp/Chart No:** |  |  |  | |
| **\*Surname:** |  |  |  | |
| **\*Forename:** |  | **CLINICAL DETAILS** | | |
| **\*DOB:** | **Gender: M 🗆** **F 🗆** | **Diarrhoea 🗆** | | **Bloody Diarrhoea 🗆** |
| **\*Patient Address:** | | **Other clinical details:** | | |
|  | | **Foreign Travel?:** | | |
|  | | **TESTS REQUESTED** | | |
|  | | **🞏 Enteric pathogens**  **(routine screen)**  **🞏 Enteric viruses**  **🞏 Ova and parasites**  **🞏 *Clostridium difficile***  **🞏 CRE**  **🞏 VRE** | | **🞏 Salmonella**  **🞏 Shigella**  **🞏 Campylobacter**  **🞏 Norovirus**  **🞏 *Vibrio cholerae***  **🞏 Extended screen – food poisoning organisms**  **(*C.perfingens*, *B.cereus*, *S.aureus*)** |
| **REQUESTING DOCTOR** | |
| **Doctor Name\*:** | |
| **Contact No\*:** | |
| **Address:** | |
|  | |
| **REQUESTING LABORATORY** | |
| **\*Lab. Name:** | |
| **Contact No:** | |
| **Technical Findings (if any)** | |
| **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.** | | | | |