



MALARIA REQUEST FORM: This form should accompany a general request form.

Download from:

<https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/regional-hospital-mullingar/publications/>

1. Prior to requesting a malaria screen, it is important to establish that patient has been in a malaria-risk area.
2. Please fill out this form and inform the haematology laboratory at 044-9394333
3. Sample requirement: 1 EDTA sample (one sample can be used for FBC & Malaria screen.)
 - The sample should arrive in the Haematology Laboratory within two hours of venepuncture.
 - The sample is best taken during fever, but can be taken at any time.

Patient Name:

MRN :

Date of Birth:

Very Important Information

Name of ward/medical centre/ hospital:

Requesting Doctors Name:

Bleep or phone or mobile phone number:

How can we contact you after hours if malaria screen is positive?

Out of hours contact phone number(MANDATORY):

Clinical Symptoms and Duration:

Travel History

What countries has the patient travelled to during the past year?

When did they return to Ireland?

Were anti-malarial/prophylaxis taken during travel?

Yes/ No

If yes, what type?

Has malaria treatment commenced for this episode?

Yes/No

If yes, what type?

Has the patient previously had malaria?

Yes/No

If yes, what species?

Where and when was it diagnosed?

Date and time of receipt in laboratory:

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