

Malaria Request Form

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1. Prior to requesting a Malaria Screen, you **MUST** inform the Haematology Laboratory at 044-9394333.
2. Please fill out this form in **FULL** and send with routine pink request form.
3. It is important to establish that patient has been in a malaria-risk area.
4. 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:

Requesting Doctors Name:

Bleep or phone or mobile phone number:

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

Mobile Phone Contact 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:

Doc. No: FORM-M/H/77	Doc Owner: <i>Ciara Shanley</i>	Dept & Location: <i>Pathology RH, Mullingar</i>	
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