

www.hse.ie/gowrhlab (Access the Haematology section of UHW Lab User Manual on this website to print copies of form)

Malaria Screen Request Form

- This form must accompany any request/specimen for malaria screen.
- Prior to requesting a malaria screen it is important to establish that the patient has been in a malaria-risk area.
- Malaria screens are not processed for visa application purposes.

Specimen Requirements: One FBC (EDTA) sample must arrive in the Haematology Laboratory as soon as possible on the same day as venepuncture. The sample is ideally taken during fever, but can be taken at any time.

All sections A, B and C of form must be completed

A: Patient Details

First Name:																												
Last Name:																												
D.O.B.	D	D	M	M	Y	Y	Y	Y		<input type="checkbox"/>	Male	<input type="checkbox"/>	Female															
Address:																												

B: Requesting Clinician

Doctor's Code																												
Doctor's Name:																												
Practice or Ward/Hospital address:																												
Ward/GP Surgery Phone Number:												GP out of hours contact number (for positive malaria screen results):																

C: Request Details

Clinical Symptoms and Duration:						
What <u>malarious countries</u> were visited in the past 12 months?						
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Were anti-malarial/prophylaxis taken during travel?</td> <td style="width: 30%; text-align: right;">Yes/No</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">If yes, what type?</td> </tr> </table>	Were anti-malarial/prophylaxis taken during travel?	Yes/No	If yes, what type?			
Were anti-malarial/prophylaxis taken during travel?	Yes/No					
If yes, what type?						
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Has malaria treatment commenced for this episode?</td> <td style="width: 30%; text-align: right;">Yes/No</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">If yes, what type?</td> </tr> </table>	Has malaria treatment commenced for this episode?	Yes/No	If yes, what type?			
Has malaria treatment commenced for this episode?	Yes/No					
If yes, what type?						
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Has the patient had malaria previously?</td> <td style="width: 30%; text-align: right;">Yes/No</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">If yes, what species?</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Where and when was diagnosis made?</td> </tr> </table>	Has the patient had malaria previously?	Yes/No	If yes, what species?		Where and when was diagnosis made?	
Has the patient had malaria previously?	Yes/No					
If yes, what species?						
Where and when was diagnosis made?						