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| **PHL DUBLIN - *Campylobacter* NRL REQUEST FORM** |
| **PHL LAB NO.** |  | **SAMPLE DETAILS** |
| **OUTBREAK CODE:** | Year-CAMP-NRL | **\*Date of Sampling:**  |  |
| **Referring Lab No:** |  | **\*Sample Type:** | **Stool 🗆 Isolate 🗆** |
| **\*Hosp/Chart No:** |  | **\*Date of Isolation:** |  |
| **\*Surname:** |  | **\*Source of Isolation:** | **Stool 🗆 Other 🗆** |
| **\*Forename:** |  | **CLINICAL DETAILS** |
| **\*DOB:** |  | **Diarrhoea 🗆** | **Bloody Diarrhoea 🗆** |
| **Gender: M 🗆** **F 🗆** | **Other clinical details:** |
| **\*Patient Address:** | **Foreign Travel?:** |
|  | **INCIDENT TYPE** |
|  | **Sporadic:** |
| **REQUESTING DOCTOR** | **Household Outbreak:** |
| **Doctor Name\*:** | **General Outbreak:** |
| **Contact No\*:** | **NOTES:** |
| **Address:** |
|  |
| **REQUESTING LABORATORY** |
| **\*Lab. Name:** |
| **Contact No:** |
| **Technical Findings****\*PCR Result / Ct value:** |
| **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.** |