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| **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.** |