

## PHL DUBLIN - VTEC REQUEST FORM

Request Status: Urgent ☐ Non-urgent ☐

PHL LAB NO.		SPECIMEN DETAILS	
OUTBREAK CODE:		Date of Sampling:	
Referring Lab No:		Sample Description:	
*Hosp/Chart No:		Test Requested:	
*Surname:		If isolate: for confirmation <input type="checkbox"/> Stool: <input type="checkbox"/> Other: <input type="checkbox"/>	
*Forename:		Date of Isolation:	
*DOB:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Source of Isolation:	
*Patient Address:		OUTBREAK DETAILS	
		ENVIRON. HEALTH	EHO Name:
			EHO Location:
			EHO Contact No:
REQUESTING DOCTOR		PUBLIC HEALTH DEPTS	Public Health Name:
Doctor Name:			PH Location:
Contact No:			PH Contact No:
Address:			
REQUESTING LABORATORY		INCIDENT TYPE	
Lab. Name:		Sporadic:	
Contact No:		Household Outbreak:	
Technical Findings:		General Outbreak:	
		NOTES:	
CLINICAL DETAILS:			
Diarrhoea <input type="checkbox"/>	Bloody Diarrhoea <input type="checkbox"/>	HUS <input type="checkbox"/>	
Other:	Foreign Travel?:	Date Received in PHL:	
<p>*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. <b>FIELDS DENOTED BY * INDICATE COMPULSORY COMPLETION. PLEASE USE BLOCK CAPITALS.</b></p>			