|  |
| --- |
| **PHL DUBLIN - VTEC NRL REQUEST FORM****Request Status**: Urgent 🗆 Non-urgent🗆 |
| **PHL LAB NO.** |  | **SPECIMEN DETAILS** |
| **OUTBREAK CODE:** |  | **Date of Sampling:**  |  |
| **\*Referring Lab No:** |  | **Sample Description:** | **Stool:** 🗆 **Isolate:** 🗆 |
| **\*Hosp/Chart No:** |  | **Test Requested:** |  |
| **\*Surname:** |  | **If isolate, primary sample description:**🗆 **Stool:** 🗆 **Other:** 🗆 |
| **\*Forename:** |  |
| **Gender: M** 🗆 **F** 🗆 | **\*DOB: \_\_/ \_\_/\_\_\_\_\_\_\_** | **Date of Isolation:** |  |
| **\*Patient Address:** | **OUTBREAK DETAILS** |
|  | **ENV.****HEALTH** | **EHO Name:** |
| **REQUESTING DOCTOR** | **EHO Contact No:** |
| **Doctor Name\*:** | **PUBLIC HEALTH DEPTS** | **Public Health Name:** |
| **Contact No\*:** | **PH Location:** |
| **Address:** | **PH Contact No:** |
| **REQUESTING LABORATORY** | **INCIDENT TYPE** |
| **Lab. Name:** | **Sporadic:** |  |
| **Contact No:**  | **Household Outbreak:** |  |
| ***PCR* positive*:*  Yes 🗆 No 🗆 Not tested 🗆****Technical findings:**  | **General Outbreak:** |  |
| **NOTES:** |
| **CLINICAL DETAILS:** |
| **Diarrhoea 🗆** | **Bloody Diarrhoea 🗆** | **HUS 🗆** |
| **Other clinical details:** | **Foreign Travel?:** | **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.** |