

MICROBIOLOGY - DOWNTIME ONLY (one specimen type per form)

NHS Number*

* Mandatory fields

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Hospital Number* Write details or place PID sticker here

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Family Name (i.e. Surname)*

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Given Name (i.e. Forename)*

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Address*

Post Code*

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Patient Contact Phone Number

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Date of Birth* (DD MM CCYY)

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Female

Male

Date of Collection* (DD/MM/YY)

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Private

NHS

Time of Collection (HH:MM)

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Cancer pathway

Urgent

High Risk

Relevant clinical details

Other Specimen/site or Tests Required (not listed below)

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Antibiotic Therapy: No / Yes (state antibiotics currently on)

<h2>Lab No</h2> <p>Microbiology Use only</p>
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* Hospital

M'stone Hosp

TWH

Other Hospital

Consultant Code*

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Ward/GP Surgery/clinic code* (Report sent to)

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GP code

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GP Name

Extra Copy of Report to

Collected by* (Print Name)

Date/Time Received (Microbiology Use ONLY)

Urine MC&S

MSU
 Clean Catch Urine
 CSU
 Other Urine (MUST specify type & test)

 ?UTI Pregnant /40

Faeces (MUST state relevant clinical details above)

Enteric pathogens (PCR/Culture)
 GDH/C.difficile (MUST state antibiotic therapy.....)
 Parasite Microscopy (Foregin Travel)
 Rota/Adenovirus (under 5yr old ONLY)
 H.pylori antigen
 Norovirus (Infection Control Request ONLY)

Swab MC&S (Specify clinical details above)

Wound swab MUST specify site:
 Ulcer swab MUST specify site:
 Skin swab MUST specify site:
 Ear swab Specify Right/Left Penile Swab
 Eye swab Specifiy Right/Left Throat Swab

Genital Swab MC&S

HVS
 CX
 Urethral
 Other:

Clinical Details

Discharge
 Pregnant /40
 Post partum

Covid test PCR

Nose & Throat NPA Sputum

MRSA SCREEN

Nose Throat Groin
 Other: Other:

Respiratory MC&S

Sputum
 Bronchial Washing
 Other:

 AAFB (TB) investigation

Other for MC&S

Blood Culture
 Tip of Line:
 Fluid:
 Pus:
 Tissue:

Mycology (Dermatophyte)

Skin Scraping:
 Nail:
 Hair:

 AAFB (TB) investigation

Serology

clotted blood - large 9ml RED top EDTA
 HIV 1+2 Ab/Ag Syphilis IgG/M Mycoplasma Ab
 HBsAg Hepatitis A IgM EBV IgM
 Hepatitis C Ab anti-HBs Other:

Chlamydia/gonorrhoeae* PCR

Vaginal swab 1st catch urine
 Other:

* Delete if not required