

MICROBIOLOGY - Ante-Natal Patients ONLY

NHS Number*

* Mandatory fields

Lab No

Microbiology Use only

Hospital Number* Write details or place PID sticker here

Family Name (i.e. Surname)*

Given Name (i.e. Forename)*

Address*

Town

Date of Birth* (DD MM CCYY)

Female

Date of Collection* (DD/MM/YY)

Time of Collection (HH:MM)

High Risk

Urgent

TWH (TANU)	MH (ANC)	MBU (MBU)	S'oaks (SANOP)	Crowb'gh (CBC)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR GP Surgery (code or name)

Extra copy of report to GP

MUST state GP Surgery (code or name)

Requesting Midwife OR Consultant

Collected by* (Print Name)

Routine booking sample

Late booker (≥20 weeks)

Number of Weeks Gestation

Other Relevant clinical details (including antibiotic therapy):

IDPS Serology (clotted blood - large 9ml RED top)

Consent to test (**MUST** tick one box)

Syphilis IgG/IgM YES NO

HIV 1+2 Ab/Ag YES NO

Hepatitis B surface Antigen YES NO

Lab Use ONLY (for Serology only)

Unbag & PID checked:

Labelled by:

Checked and processed by:

Reported by:

Urine MC&S

MSU (Booking sample)

MSU (?UTI)

Swab MC&S

HVS

Other (site):

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Additional/Other Serology Tests

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Use Clinical details field above for reason for request

Date/Time Received (Microbiology Use ONLY)