

# MICROBIOLOGY - Theatre Use ONLY

NHS Number\*

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\* Mandatory fields

## Lab No

Microbiology Use only

Hospital Number\*

Write details or place PID sticker here

--	--	--	--

family name\*

--	--	--	--

Given name\*

--	--	--	--

Address\*

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Town

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Postcode

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Date of Birth\* (DD MM CCYY)

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Female Male

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Date of Collection\* (DD/MM/YY)

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Private Cat 2

--	--

Time of Collection (HH:MM)

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High Risk Urgent

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Maidstone Hosp

TWH

Other Hospital

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Consultant Code \*

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Ward \* (MUST State)

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GP code

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Extra Copy of Report to

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Collected by\* (Print Name)

Relevant clinical details

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

Antibiotic Therapy No / Yes (state antibiotics currently on)

### Swab MC&S (specify clinical details above)

	Swab 1	Site:	.....
	Swab 2	Site:	.....

	Swab 3	Site:	.....
	Swab 4	Site:	.....

### Tissue MC&S (specify clinical details above)

TB investigation

	Tissue 1	Site:	.....
	Tissue 2	Site:	.....
	Tissue 3	Site:	.....
	Tissue 4	Site:	.....

	Tissue 5	Site:	.....
	Tissue 6	Site:	.....
	Tissue 7	Site:	.....
	Tissue 8	Site:	.....

### Fluid MC&S (specify clinical details above)

TB investigation

	Fluid 1	Site:	.....
	Fluid 2	Site:	.....
	Fluid 3	Site:	.....

	Fluid 4	Site:	.....
	Fluid 5	Site:	.....
	Fluid 6	Site:	.....

Date/Time Received (Microbiology Use ONLY)