Pathology
POCT

RWF-POCT-LF4 Revision 2.1
ED Rapid Lab (POCT) Request Form

NHS
Maidstone and
Tunbridge Wells
NHS Trust

ED Rapid Lab (POCT)

This is for Downtime ONLY - Please use Sunrise in other circumstances   * Mandatory fields

High Risk ☐   Urgent ☐

Hospital Number*   Write details or place PID sticker here

NHS Number

Family Name (i.e. Surname)*

Given name (i.e. Forename)*

Address*

Post Code*

Patient Contact Phone Number

Date of Birth* (DD MM YYYY)   Female ☐   Male ☐

Date of Collection* (DD/MM/YY)   Private ☐   NHS ☐

Time of Collection *(HH:MM)

Relevant clinical details (please do not request tests here)

* Hospital
M'stone Hosp ☐   TWH ☐   Other Hospital

Requester*

Ward/Location of request*

Location Contact Number or Ext*:

Collected by* (Print Name and sign)

Telephone or bleep number of requestor*

Specimen Type*
☐ Dry Nasopharyngeal swab
☐ Other: …………………………………

Date/Time Received (Lab Use ONLY)

Test required*

☐ Covid/ Flu A/ Flu B

☐ Other State:…………………………….