

LF-MRSA-0049: National Meticillin-Resistant *Staphylococcus aureus* Reference Laboratory (NMRSARL)
Laboratory Investigation Request Form

Sender	Date:	Reason for sending isolates:	Indicate Sender's Results here:
Name: Position: Address: Telephone: Fax: Email: HaysDx: Contact Name: (if other than above) Telephone:		Please tick 1) Confirmation of: S. aureus identity: <input type="checkbox"/> Meticillin resistance: <input type="checkbox"/> Mupirocin resistance: <input type="checkbox"/> Glycopeptide resistance: <input type="checkbox"/> 2) Epidemiolgal typing <input type="checkbox"/> Nature of incident: <input type="checkbox"/>	Sender's Result (Pos, Neg, S, M, R) Tube: <input type="checkbox"/> Slide/Kit: <input type="checkbox"/> Tnase/Dnase: <input type="checkbox"/> Met5: <input type="checkbox"/> Met10: <input type="checkbox"/> Ox1: <input type="checkbox"/> Ox5: <input type="checkbox"/> Mup5: <input type="checkbox"/> Mup200: <input type="checkbox"/> Agar screen: <input type="checkbox"/> Van5: <input type="checkbox"/> Tei30: <input type="checkbox"/>

Patient/Isolate information (please use date format dd/mm/yyyy)

Sender's Susceptibility Results

Ref Lab Use Only

Sender Lab No.	Specimen Date	Patient Last Name	Patient First Name	Hospital No.	DoB	Ward	Gen	Ery	Cip	Tet	Rif	Tmp	Fuc	Mup	MRSA Ref Lab No.

Sender's Comments

Send isolates to:

**Director,
 National MRSA Reference Laboratory,
 St James's Hospital,
 James's St, Dublin 8.**

Ref Lab Use Only

Incident No:
 Date Rec'd:
 Comment:

Isolates must be packed and dispatched according to appropriate safety regulations. Improperly packaged isolates (including use of staples) will not be processed.