Request for Laboratory Services MICROBIOLOGY DEPARTMENT St. James's Hospital, Dublin 8.

Tel.: 4162941 / 4162966 / 4162967



FOR LAB USE ONLY
PLEASE AFFIX SPECIMEN
NUMBER BARCODE LABEL
HERE

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Request Details (Complete Fully <u>OR</u> Attach an Addressograph Label inside the dotted line below):		
Hospital	EXT Lab N	No:
Patient MRN	Date of Birth /	<u> </u>
I Surname		Male Female
First Name Ethnicity		
Patient's Address: Telephone No:		
<u> </u>		
Consultant's Name:	Signature of Pers	son Making the Request:
Ward or Clinic Name		or for iteports.
Clinical Details:	Dı	rug / Antibiotic Therapy
Date Specimen Taken: Time Taken:	Date/Time Received	1:
SPECIMEN TYPE: Blood Urine Stool	Swab Sputum	Fluid
FVU Pharyngeal Swab Rectal Swab Vulvo-vaginal Swab Other		
Body Site: Specimen site is MANDATORY to ensure correct processing		
General Microbiology:		
Culture & Sensitivity Fungal Culture Mycobacterial Investigation Stool Investigation Ova & Parasites** ** performed only when relevant clinical details are provided.		
Molecular Microbiology:		
Chlamydia/Gonorrhoea Herpes Simplex Virus Varicella Zoster Virus		
Serology: (Order EITHER profiles OR individual Investigations as appropriate)		
PROFILES INDIVID	OUAL INVESTIGATIONS	
[] STI Screen (Syphilis, HIV, Hep B sAg)	nilis	[] Hep C core Ag
[] Measles / Mumps / Rubella IgG Screen [] HIV		[] Measles
[] Viral Hepatitis B & C Screen [] Hep	B sAq	[] Mumps
(Hen B sAg Hen C Ah)	B sAb (Post-vaccination)	[] Rubella
[1 Henatitis B Infection Status	B core Ab	[] Hep A IgG
(Hep B sAg, Hep B cAb)		[] VZV IgG
[] Current Hepatitis C infection (Hep C core Ag) [] Other	er (please specify):	

Specimen requirements and other information are available on <u>www.stjames.ie</u> by clicking on the "Lab Services" Tab. For further information on ordering hepatitis screens please refer to "Viral Hepatitis Testing for General Practitioners" in the Laboratory Policies & Guidelines section.