

# Request Form for SARS-CoV-2 (COVID) Test

MICROBIOLOGY DEPARTMENT, ST. JAMES'S HOSPITAL

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**Requesting source**

SJH Lab Code:

**Clinician responsible:**

**Phone No.(Clinician):**

## PATIENT DETAILS

**Surname**

**Forename**

**Date of Birth**

FEMALE  MALE  UNSPECIFIED

**Address**  
*Line 1*   
*Line 2*   
*County*

**Patient Phone No.**

**Healthcare worker?**  YES  NO

## SPECIMEN DETAILS

**Referring Lab Specimen No.**

**Specimen Type**  
 Nose & Throat swab  
 Naso-pharyngeal aspirate (NPA)  
 Bronchoalveolar Lavage (BAL)  
 Other specify:

**Date collected:**

**Time of collection:**

**Date received:**

**Time received:**

Specimen requirements and other information are available on [www.stjames.ie](http://www.stjames.ie) by clicking on the "Lab Services" Tab. Search for SARS-CoV-2 in the Test/Profile window

FOR LAB USE ONLY  
PLEASE AFFIX SPECIMEN  
NUMBER BARCODE LABEL