



Request Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):

Hospital

Patient MRN Date of Birth / /

Surname

First Name Male Female

Patient's Address: Ethnicity (if relevant):

Consultant's Name: Signature of Person Making the Request:

Ward or Clinic Name Contact Number for Reports:

Clinical Details: Drug / Antibiotic Therapy

Date Specimen Taken: Time Taken: Date/Time Received:

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	INDIVIDUAL INVESTIGATIONS
[] STI Screen (Syphilis, HIV, Hep B sAg)	[] Syphilis
[] Measles / Mumps / Rubella IgG Screen	[] Hep C core Ag
[] Viral Hepatitis B & C Screen (Hep B sAg, Hep C Ab)	[] HIV
[] Hepatitis B Infection Status (Hep B sAg, Hep B cAb)	[] Hep B sAg
[] Current Hepatitis C infection (Hep C core Ag)	[] Hep B sAb (Post-vaccination)
	[] Hep B core Ab
	[] Hep C Ab
	[] Other (please specify): <input type="text"/>
	[] Measles
	[] Mumps
	[] Rubella
	[] Hep A IgG
	[] VZV IgG

Specimen requirements and other information are available on www.stjames.ie 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.