

ST. JAMES'S CENTRE FOR LABORATORY MEDICINE & MOLECULAR PATHOLOGY			
Edition No.:	07	IMRL Culture Dispatch Form	Doc No: LF-IMRL-0071
Authorised By	Margaret Fitzgibbon	Date : 20/04/2022	Date of Issue: 20/04/2022

Please either fax or e-mail this form when sending a culture to the IMRL

Fax Number for IMRL: 01 4103473
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Or
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The following **culture** has been dispatched to the IMRL

<i>Patient Initials</i>	<input type="text"/>	<i>Hospital Number</i>	<input type="text"/>
<i>D.O.B</i>	<input type="text"/>	<i>Isolate / Culture Number</i>	<input type="text"/>
<i>Referring Hospital</i>	<input type="text"/>		
<i>Date dispatched</i>	<input type="text"/>		
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