

**ST. JAMES'S CENTRE FOR LABORATORY MEDICINE & MOLECULAR
PATHOLOGY**

LF-IMRL-0070 Edition 07

Irish Mycobacteria Reference Laboratory Culture Request Form

Please perform:

Identification Susceptibility Typing Rapid Rifampicin and Isoniazid Detection

Patient's Surname _____ Forename _____

Hospital Number _____ Patients Clinician: _____

Date of Birth _____ M/F Country of Origin/Nationality _____

Address _____

Referring Laboratory _____ External Laboratory Number _____

Specimen Type: Sputum BAL BRW Other (Specify) _____

Date Specimen Collected _____ Date Culture Positive _____

Clinical Details _____

MDR-TB Contact: Yes/No/Unknown

GeneXpert Result (if performed): _____ RIF resistance detected: Yes/No

Susceptibility Result if Known (MTC): Please indicate (S), (I) or (R)

Streptomycin Isoniazid Rifampicin Ethambutol Pyrazinamide

Comments _____

(Please fill in as much detail as possible)

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Please use the following table for Group Typing Requests:

Referring laboratory: _____

Senders Phenotypic DST Results																
Surname	Forename	Hosp. No.	Patients Clinician	D.O.B.	Sex	Patient's Address	Sender No.	Lab	Spec. type	Spec. date	S	I	R	E	P	IMRL Lab No.

Abbreviations: D.O.B., Date of birth; DST, drug susceptibility test, E, ethambutol; Hosp, Hospital; I, isoniazid, P, pyrazinamide; R, rifampicin; Spec, Specimen; S, streptomycin.

Comments: _____