

ST. JAMES'S HOSPITAL LABMED DIRECTORATE

LF-IMRL-0070 Edition 06

Irish Mycobacteria Reference Laboratory Culture Request Form

Please perform:

Identification Susceptibility Typing Rapid Rifampicin and Isoniazid Detection

Patients Surname _____ Forename _____

Hospital Number _____ Patients Clinician: _____

Date of Birth _____ M/F

Address _____

Nationality _____ Country of Origin _____

Referring Laboratory _____ External Laboratory Number _____

Specimen Type: Sputum BAL BRW Other (Specify) _____

Date Specimen Collected _____ Date Culture Positive _____

Culture Media/System Used (e.g. MGIT 960) _____

Clinical Details _____

MDR-TB Contact _____ Yes/No/Unknown

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

Streptomycin Isoniazid Rifampicin Ethambutol Pyrazinamide

Comments _____

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Please use the following table for Group Typing Requests:

Referring laboratory: _____

Sender's Susceptibility Results

Surname	Forename	Hosp. No.	Patients Clinician	D.O.B.	Sex	Sender Lab No.	Spec. type	Spec. date	Str	Inh	Rif	Eth	Pyr	IMRL Lab No.

Abbreviations: D.O.B., date of birth; Eth, ethambutol; Hosp, hospital; Inh, isoniazid, Pyr, pyrazinamide; Rif, rifampicin; Spec, specimen; Str, streptomycin.

Comments: _____