

**ST. JAMES'S HOSPITAL LABMED DIRECTORATE**

**LF-IMRL-0195 Edition 01**

**Irish Mycobacteria Reference Laboratory - Specimen Request Form**

**Please perform:**

**Auramine microscopy**  **Mycobacterial (TB) culture**  **Rapid molecular testing**

Patient's Surname \_\_\_\_\_ Forename \_\_\_\_\_

Hospital Number \_\_\_\_\_ Patient's Clinician: \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F

Referring Laboratory \_\_\_\_\_ External Laboratory Number \_\_\_\_\_

Specimen Type: Sputum  BAL  Tissue  Other  Details (body site/specimen) \_\_\_\_\_

Date Specimen Collected \_\_\_\_\_

Clinical Details \_\_\_\_\_

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