

LF-IMRL-0195 Edition 03

Irish Mycobacteria Reference Laboratory - Specimen Request Form

Please perform:

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

Patient's Surname _____ Forename _____

Patient's Address _____

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 _____

*, Rapid molecular tests require prior approval by Consultant Microbiologist at SJH. Please discuss prior to sending samples to IMRL.