

MALARIA ADDITIONAL INFORMATION FORM

- 1 **Prior to requesting a malaria screen, it is important to establish that patient has been in a malaria-risk area.**
- 2 **Please fill out this form and inform the haematology laboratory at 4162990 or 4103843**
3. **Sample requirement: 1 EDTA sample (one sample can be used for FBC & Malaria screen.)**
The sample should arrive in the Haematology Laboratory as soon as is possible.
The sample is best taken during fever, but can be taken at any time.

Patients Name:

MRN or Date of Birth:

Very Important Information

Name of ward/medical centre/ hospital:

Requesting Doctors Name:

Bleep or phone or mobile phone number:

How can we contact you after hours if malaria screen is positive?

Out of hours contact phone number(MANDATORY):

Clinical Symptoms and Duration:

Travel History

What countries has the patient travelled to during the past year?

When did they return to Ireland?

Were anti-malarial/prophylaxis taken during travel?

Yes/ No

If yes, what type?

Has malaria treatment commenced for this episode?

Yes/No

If yes, what type?

Has the patient previously had malaria?

Yes/No

If yes, what species?

Where and when was it diagnosed?