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| **Request for Laboratory Services MICROBIOLOGY DEPARTMENT**  **St. James’s Hospital, Dublin 8.**  **Tel.: 4162941 / 4162966 / 4162967** | clear James logo (2) | | **FOR LAB USE ONLY**  **PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE** |
| **Request Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):**  **Hospital EXT Lab No:**    **Patient MRN Date of Birth / /**  **Surname Male Female**    **First Name Ethnicity**  **(if relevant):**  **Patient’s Address: Telephone No:** | | | |
| **Signature of Person Making the Request: Consultant’s Name:**    **Contact Number for Reports:**  **Ward or Clinic Name** | | | |
| **Clinical Details:** | | **Drug / Antibiotic Therapy** | |
| **Date Specimen Taken: Time Taken: Date/Time Received:** | | | |
| **SPECIMEN TYPE: Blood Urine Stool Swab Sputum Fluid**  **FVU Pharyngeal Swab Rectal Swab Vulvo-vaginal Swab Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Body Site: Specimen site is MANDATORY to ensure correct processing** | | | |

**General Microbiology:**

Specimen requirements and other information are available on [www.stjames.ie](http://www.stjames.ie) by clicking on the “Lab Services” Tab.

For further information onordering hepatitisscreens please refer to “Viral Hepatitis Testing for General Practitioners” in the

Laboratory Policies & Guidelines section.

**[ ]** **Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] Syphilis [ ] Hep C core Ag**

**[ ] HIV [ ] Measles**

**[ ] Hep B sAg [ ] Mumps**

**[ ] Hep B sAb (Post-vaccination) [ ] Rubella**

**[ ] Hep B core Ab [ ] Hep A IgG**

**[ ] Hep C Ab [ ] VZV IgG**

**[ ] STI Screen (Syphilis, HIV, Hep B sAg)**

**[ ] Measles / Mumps / Rubella IgG Screen**

**[ ] Viral Hepatitis B & C Screen**

**(Hep B sAg, Hep C Ab)**

**[ ] Hepatitis B Infection Status**

**(Hep B sAg, Hep B cAb)**

**[ ] Current Hepatitis C infection**

**(Hep C core Ag)**

**INDIVIDUAL INVESTIGATIONS**

**PROFILES**

**Serology: (Order EITHER profiles OR individual Investigations as appropriate)**

**Molecular Microbiology:**

** Culture & Sensitivity  Fungal Culture  Mycobacterial Investigation  Stool Investigation**

** Ova & Parasites\*\* \*\* performed only when relevant clinical details are provided.**

** Chlamydia/Gonorrhoea  Herpes Simplex Virus  Varicella Zoster Virus**