



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:			

Consultant's Name:		Signature of Person Making the Request:	
Ward or Clinic Name		Contact Number for Reports:	

Clinical Details:	Drug / Antibiotic Therapy
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Date Specimen Taken:		Time Taken:		Date/Time Received:	
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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:

☐ Culture & Sensitivity ☐ Fungal Culture ☐ Mycobacterial Investigation ☐ Stool Investigation

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

Molecular Microbiology:

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

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

PROFILES	INDIVIDUAL INVESTIGATIONS
☐ STI Screen (Syphilis, HIV, Hep B sAg)	☐ Syphilis
☐ Measles / Mumps / Rubella IgG Screen	☐ HIV
☐ Viral Hepatitis B & C Screen	☐ Hep B sAg
(Hep B sAg, Hep C Ab)	☐ Hep B sAb (Post-vaccination)
☐ Hepatitis B Infection Status	☐ Hep B core Ab
(Hep B sAg, Hep B cAb)	☐ Hep C Ab
☐ Current Hepatitis C infection	☐ Hep C core Ag
(Hep C core Ag)	☐ Measles
	☐ Mumps
	☐ Rubella
	☐ Hep A IgG
	☐ VZV IgG
	☐ Other (please specify):

Specimen requirements and other information are available on www.stjames.ie by clicking on the "Lab Services" Tab.
 For further information on ordering hepatitis screens please refer to "Viral Hepatitis Testing for General Practitioners" in the Laboratory Policies & Guidelines section. Please use Gonococcal Reference Lab Form for gonococcal isolates and Fungal Biomarker Request Form for fungal requests, available on the On-Line User Guide under GP and External request forms.