

| SJH CENTRE for LABORATORY MEDICINE & MOLECULAR PATHOLOGY | | | | |
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| Edition No.: | 4 | HAEMATOLOGY FORM | Doc No: | HAEM-FORM-0025 |
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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:

Lab Number:

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?