



PHL DUBLIN – CLINICAL REQUEST FORM

(For primary diagnosis or public health screening only - see pathogen specific request forms for NRL services)

PHL LAB NO.		SAMPLE DETAILS	
OUTBREAK CODE:		*Date of Sampling:	
Referring Lab No:		*Sample Type:	Stool <input type="checkbox"/> Swab <input type="checkbox"/>
*Hosp/Chart No:		Sample site (if applicable):	
*Surname:			
*Forename:		CLINICAL DETAILS	
*DOB:		Symptomatic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Other clinical details:	
*Patient Address:		Foreign Travel?:	
		TESTS REQUESTED	
REQUESTING DOCTOR		<input type="checkbox"/> Enteric pathogens (routine bacterial screen) <input type="checkbox"/> Enteric viruses <input type="checkbox"/> Ova and parasites <input type="checkbox"/> <i>Clostridioides difficile</i> <input type="checkbox"/> Respiratory viral screen (available for specified users only)	For Public Health Use
Doctor Name*:			<input type="checkbox"/> Salmonella
Contact No*:			<input type="checkbox"/> Shigella
Address:			<input type="checkbox"/> Norovirus
			<input type="checkbox"/> <i>Vibrio cholerae</i>
REQUESTING LABORATORY			<input type="checkbox"/> Extended screen – food poisoning organisms (<i>C.perfingens, B.cereus, S.aureus</i>)
*Lab. Name:			<input type="checkbox"/> Other(on discussion only) _____
Contact No:		Date Received in PHL:	
Technical Findings (if any)			

Please ensure all isolates are appropriately packaged and transported in accordance with current regulations.
 # Please ensure all Patient details are complete on the form and the specimen is clearly labelled to avoid sample rejection/significant delays in processing.

FIELDS DENOTED BY * INDICATE COMPULSORY COMPLETION. PLEASE USE BLOCK CAPITALS.