Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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PHL Dublin - *Clostridioides difficile* National Reference Laboratory request form

PHL LAB NO.		**Requesting Lab Findings**
OUTBREAK CODE:	Year-Cdiff-NRL	***C. difficile PCR* positive:** Yes ☐ No ☐ Not tested ☐ **PCR positive - CT value:**
		Culture positive Yes ☐ No ☐ Not tested ☐
***Referring Lab No:**		**GDH positive:** Yes ☐ No ☐ Not tested ☐
***Hosp/Chart No:**		**EIA *C. difficile* toxin positive:** Yes ☐ No ☐ Not tested ☐
***Surname:**		**INCIDENT TYPE**
***Forename:**		**Community onset** ☐ **Hospital onset** ☐
***DOB:**		**Severe case** Yes ☐ No ☐
Gender: M ☐ F ☐		**Symptomatic** Yes ☐ No ☐
Patient Address:		**ICU admission or colectomy:** Yes ☐ No ☐
REQUESTING DOCTOR:		**NOTES OR ADDITIONAL INFORMATION:**
Doctor Name:		
Contact No:		
Address:		
REQUESTING LABORATORY:		
***Lab. Name:**		
Contact No:		**Date Received in PHL:**
SPECIMEN DETAILS		# 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.**
Date of sampling:		
Sample type: Stool ☐ Isolate ☐		
Date of Isolation:		
Source of isolation: Stool ☐ Other ☐		