

# BACTERIOLOGY / MYCOLOGY / PARASITOLOGY

AFFIX PRINTED LABEL		SENDER / REPORTING DETAILS / GP PRACTICE LABEL	
CHI NUMBER <input type="text"/>	DOB <input type="text"/>	Return report to: Hospital / G.P. ....	
SURNAME - BLOCK LETTERS <input type="text"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ward / Dept .....	
FORENAME <input type="text"/>	POSTCODE <input type="text"/>	Consultant / G.P. .... Name <input type="text"/> Consultant Code <input type="text"/>	
<input type="checkbox"/> Denotes Mandatory Data Set		<input type="checkbox"/> Please state postcode if CHI unavailable	
Requestor .....		Bleep/Tel .....	
SPECIMEN DETAILS	INVESTIGATIONS REQUIRED	LAB USE ONLY	
Date collected ..... Time collected ..... (24hrs)  <input type="checkbox"/> MSU <input type="checkbox"/> Nose sw <input type="checkbox"/> CSU <input type="checkbox"/> Throat sw <input type="checkbox"/> Urine - Other <input type="checkbox"/> Groin sw Please Specify <input type="checkbox"/> Eye sw <input type="checkbox"/> HVS <input type="checkbox"/> Endocervical sw <input type="checkbox"/> Wound - site  <input type="checkbox"/> Faeces <input type="checkbox"/> Sputum  <input type="checkbox"/> Other (please specify): ..... ..... .....	<p style="text-align: center;"><b>PLEASE USE SEPARATE FORMS &amp; SPECIMENS FOR BACTERIOLOGY AND MRSA SCREENS</b></p> <b>Bacteriology</b> (Diagnosis of Infection) <input type="checkbox"/> Microscopy, Culture & Sensitivity <input type="checkbox"/> TB examination <input type="checkbox"/> C.diff toxin	<input type="checkbox"/> Other:   	
<p style="text-align: center;"><b>Screens for MRSA Carriage</b></p> Nose, throat, largest wound or groin <input type="checkbox"/> Samples will only be processed for MRSA			
<p style="text-align: center;"><b>CLINICAL DETAILS</b> (including current antibiotic therapy / allergies)                      N.B. Special circumstances (e.g. pregnancy / breast feeding), vaccination (date), dates of exposure, travel abroad and animal exposure.</p>			

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