

Neisseria gonorrhoeae identification and antibiotic susceptibility

Scottish Bacterial Sexually Transmitted Infections Reference Laboratory (SBSTIRL)

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FROM
Consultant
Referring lab
Address

Telephone number

PATIENT DETAILS

Surname:

Forename:

Clinic number / CHI:

Date of Birth:

Sex: M / F / U

Category of patient: GUM GP Hospital Other

If Health Board of sample collection differs from referring lab please specify:

OR SH WI Other

SPECIMEN

Your lab number:

Date collected:

Date sent to SBSTIRL:

Sample type: Urethral Cervical
 Rectal Throat
 Other (please specify)

Additional Information (optional)

Method of identification : API Phadebact
 MALDI-TOF PCR
 Other (please specify)