

Respiratory Chlamydia Spp PCR Request Form

Includes, C psittaci, C.pneumoniae C caviae and others- if positive further PCR is performed to determine species

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Hays DX: 623 1202, Edinburgh 96 EH

FROM

Sending lab

Referring clinic

Tel:

Tel:

REQUEST

Date taken:

Date posted:

Surname:

Forename:

CHI

DOB:

Sex: M / F

SPECIMEN

Referral lab number:

Sample type: Sputum / BAL / tracheal aspirate / other (please specify NB must be LRT sample)

REASON FOR REQUEST -

LRTI

Bird contact

Intensive care

Other (please specify)

For further information please email loth.molmicro@nhs.scot or phone 0131 536 3373