

**LAB USE ONLY: LAB NO:**

**SEL Pathology Offline Request Form**

**For use only if online request is not possible**

**Microbiology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Details** | | | | |
| **Surname:** | | | **First name:** | |
| **Date of Birth:** | **NHS No:** | | | **Sex:** |
| **Landline:** | | **Mobile:** | | |
| **Email:** | |  | | |

|  |  |
| --- | --- |
| **Requestor Details** | |
| **Practice/Organisation name:** | |
| **Address:** | |
| **Telephone:** | **Email:** |
| **Form completed by:**       **on behalf of:** | |
| **MANDATORY ORGANISATION APEX CODE:** | |
| **Professional Registration Number e.g. GMC/NMC number** (Results will be returned unmatched if this is not provided)**:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Urine MC&S** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Sample type:** | MSU | CSU | Other - state type: | | | | | |
| **Stool** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Tests requested:** | MC&S | C. Difficile | H. Pylori Antigen | Parasitology | | | | | |
| **Sputum** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Tests requested:** | MC&S | Acid Fast Bacilli |  |  | | | | | |
| **Chlamydia and Gonorrhoea Swabs** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sample Site/type:** | Urine | Cervix | Throat | Urethra | | Vaginal (sampled by clinician) | Rectum | Left eye | Right eye | | Vaginal (sampled by patient) | Other – specify: | | | | | | | |
| **MRSA Screening Swabs** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Site:** | Nasal | Axilla | Groin | Other - state site: | | | | | |
| **Swabs (General)** | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Sample Site/type:** | High Vaginal | | Low Vaginal | | Cervical | Penile | Throat | | Left Eye | Right Eye | | Left Ear | Right Ear | | Wound - Site: | | | | Skin - Site: | | | | Pus/Abscess Site: | | | | | Other – specify: | | | | | | | | | |
| **Mycology** | | | | |
| |  |  | | --- | --- | |  | Specify site/type: | | | | | |
| **Other MC&S** | | | | |
| |  |  |  | | --- | --- | --- | | **Sample Site/type:** | Fluid - specify site/type: | Tissue - specify site/type: | |  | | | Other - specify site/type: | | | | | | |
| **Clinical Details/Drug Therapy/Antibiotic Therapy- *(This section must be completed)*** | | | | |
|  | | | | |
| **Signed:** | | **Date:** | | |
| Specimen Labelling  Instructions | Attach patient label or complete the specimen label in BLOCK CAPITALS. The following details are **mandatory**:  **First name, surname, DOB, NHS number & Sex** | | | |
| **Specimen collected by:** |  | **Collection Date:** |  | **Time:** |