

**SEL Pathology Offline Request Form (MICROBIOLOGY)**

Use only if online request is not possible

LAB USE ONLY: LAB NO:

PRACTICE/ORGANISATION NAME:

SOURCE CODE /APEX Practice Code (Bromley GPs only)

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PRACTICE/ORGANISATION ADDRESS/POST CODE:

TEL No															
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REQUESTING GP/CLINICIAN:

Requestor CODE /APEX Requestor Code (Bromley GPs only)

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Specimen Date:

Specimen Time:

Please attach patient label or provide the MANDATORY patient data below in order for the lab to process your request. Complete using BLOCK CAPITALS

SURNAME:

FIRST NAME:

DOB:

CONTACT TEL No:

NHS NO:

SEX:  M  F  U

Pregnant:  Yes  No

Fasting:  Yes  No

Tick relevant boxes on the right hand side of the tests required below

MICROBIOLOGY TESTS		SPECIFIC TESTS	CHLAMYDIA TESTS
<input type="checkbox"/>	MRSA SCREEN	<input type="checkbox"/> SWAB (SPECIFY SITE)	<input type="checkbox"/> CHLAMYDIA & GONORRHOEA
<input type="checkbox"/>	SPUTUM		<input type="checkbox"/> URINE
<input type="checkbox"/>	MC&S		<input type="checkbox"/> CERVIX
<input type="checkbox"/>	AFB		<input type="checkbox"/> SELF TAKEN VAG
<input type="checkbox"/>	URINE MC&S	<input type="checkbox"/> FLUID (SPECIFY SITE)	<input type="checkbox"/> THROAT
<input type="checkbox"/>	MSU		<input type="checkbox"/> URETHRAL
<input type="checkbox"/>	CSU		<input type="checkbox"/> RECTAL
<input type="checkbox"/>	OTHER		<input type="checkbox"/> VAGINAL
<input type="checkbox"/>	HVS		<input type="checkbox"/> L. CONJ
<input type="checkbox"/>	LVS		<input type="checkbox"/> R. CONJ
<input type="checkbox"/>	CERVICAL SWAB		<input type="checkbox"/> OTHER:
<input type="checkbox"/>	STOOL SAMPLES	<input type="checkbox"/> TISSUE (SPECIFY SITE)	
<input type="checkbox"/>	MC&S		
<input type="checkbox"/>	PARASITES		
<input type="checkbox"/>	H. PYLORI Ag		
<input type="checkbox"/>	C.DIFF		

OTHER TESTS PLEASE SPECIFY:

Clinical Details/Drug Therapy/Antibiotic Therapy-(This section must be completed)

Signed:

Specimen collected by:

Date:

Collection time: