

## Q. Which form do I use?

As of 2016, for all microbiology and virology requests, excluding urines and pre-elective MRSA's, please use the white form with blue writing titled 'Microbiology'

MICROBIOLOGY			DRUGS / ANTIBACTERIAL THERAPY:		NHS / PP
SURNAME <b>HOSPITAL</b>		FIRST NAMES <b>PATIENT</b>		<input checked="" type="radio"/> NO <input type="radio"/> YES SPECIFY	
HOSPITAL OR NHS No. <b>AA 11 111</b>		DATE OF BIRTH <b>01/01/00</b>	SEX <b>M</b>	CLINICAL SUMMARY <b>Slow healing wound - left shin</b>	
HOSPITAL AND WARD <b>WARD</b>		CONSULTANT / GP <b>ABC</b>		DATE OF REQUEST <b>01/01/16</b>	SIGNED
LABORATORY USE ONLY			LAB. No.	DATE RECEIVED	
TYPE OF SPECIMEN AND INVESTIGATION <b>MC&amp;S</b>					SIGNED
					COLLECTED
					TIME
					DATE

WZK845 12/15

For urines, please use the yellow forms

Surname <b>HOSPITAL</b>		Fore Names <b>PATIENT</b>		Royal Devon and Exeter <b>NHS</b> NHS Foundation Trust		NHS or Private Patient
Hospital Number <b>A A 1 1 1 1 1</b>		Date of Birth <b>01/01/2000</b>	Sex <b>M</b>	Clinical Summary <b>Not on ABX, dip +ve</b>		
NHS Number <b>1 2 3 4 5 6 7 8 9 0</b>		Date: <b>01/01/16</b>		Signed		
Hospital Ward / GP Surgery <b>WARD</b>		Consultant / GP <b>ABC</b>		Lab No	Received	
If this is a repeat sample, please give reason why?						
Sample Type	Special Groups			List Current, Recent or Intended Antibiotics		
Midstream Urine	<input checked="" type="checkbox"/>	Under 3 years of age		<input type="checkbox"/>	<b>Intended Trimethoprim</b>	
Long-term Catheter	<input type="checkbox"/>	3-10 year olds		<input type="checkbox"/>		
Recent Catheterisation e.g. for retention, fluid management, self-catheterisation or ileal conduit sample (treat as MSU)	<input type="checkbox"/>	Antenatal		<input type="checkbox"/>		
Supra Pubic Aspirate (SPA)	<input type="checkbox"/>	Leukopenia / Neutropenia		<input type="checkbox"/>		
Other - Specify e.g. Clean Catch, Pad Urine						
WZK941 08/13						
URINE BACTERIOLOGY	Investigation Required: <b>MC&amp;S</b>				Time Collected: <b>09:00</b>	

For pre-elective MRSA's, please use the white forms attached to the bags

**EXETER PATHOLOGY SERVICES**

ENQUIRES:(01392 40)2962  
Patient's Hospital ID Number

AA 1 1 1 1 1 or: Affix Patient ID Label Here

New NHS Number: 1 2 3 4 5 6 7 8 9 0 Date of Birth: 0 1 0 1 0 0

Surname: PATIENT (Block CAPITALS please) Gender: M  F

First Name(s): HOSPITAL (Block CAPITALS please)

Consultant: ABC Ward/Clinic: WARD

**REQUESTS (Please mark in BLACK, thus: )**

Sample date & time (24-hour clock): 0 1 0 1 1 6 0 9 0 0

**PLEASE USE THIS FORM FOR ELECTIVE SURGERY MRSA SCREENING ONLY**

Nose Swab and Throat Swab

Other Swab please specify

Laboratory use only Date: DDMMYY Time received: HHMM

15/12/16  
**M 1**

To the best of your ability, please ensure forename and surname, sex, date of birth and NHS/hospital number are written clearly on the form, as well as location and requester and test required as shown in forms above. This helps reduce any transcription errors or patient detail mismatches.

Please be aware if the test you are requesting requires clinical details (such as date of contact) or discussion with a Microbiology Consultant before sending to reduce delay in processing when received in lab.

Please ring ahead to advise of urgent samples, particularly late in the day, so that on-call staff know to expect them.