

**Request Form for Clinical Public Health Samples only**

LABORATORY USE ONLY

LABORATORY NUMBER

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| --- |
| Deliver sample to:DEPARTMENT OF MICROBIOLOGY AND INFECTIONROYAL SUSSEX COUNTY HOSPITALEASTERN ROADBRIGHTON. BN2 5BE |

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| --- |
| **Patient Details** |
| SURNAME**\*** |  | Address |
| FIRSTNAME **\*** |  |  |
| Date of Birth **\***(dd/mm/yyyy) |  |  |  |  |  |  |  |  |  |
| Gender |  Male [ ]  |  Female [ ]  |  |
| NHS Number / **\*** Unique Identifier |  | Postcode |  |
| **\* Fields marked with an asterisk are mandatory. Failure to complete may lead to rejection of the specimen** |
|  |
| **Date of sample collection (dd/mm/yy)** | **Sample type (faeces/swab/serum.etc) Sample site. eg throat, skin etc** |
|  |  |  |  |  |  |  |
| **Sender Details** | **Local Authority**  | **PHEC or Other (please specify)** |
|  |  |  |
| Investigating officer |  | Address |
| Telephone number |  |  |
| Email |  | Postcode |  |
|  |
| **ENTERIC Investigation** | **Clinical Details** | **Other Details** | **Investigations Required**  |
|  | [ ] [ ] [ ] [ ] [ ]  | DiarrhoeaFeverVomitingBlood in stoolRecent travel *(please give place & dates below)* | [ ] [ ] [ ] [ ] [ ] [ ]  | Sporadic CaseFollow-up CaseHousehold ContactFood HandlerPossible OutbreakAntibiotics, *(please state name & dates below)* | [ ] [ ]  [ ]  | Enteric outbreak – *(please give* *suspected pathogen )*Single organism investigation please state) e.g. salmonella etcOther – please state below |
| **NON-ENTERIC Investigation** | **Clinical Details** | **Other Details** | **Investigations Required**  |
|  | [ ]  | Please state:-Recent travel *(please give place & dates below)* | [ ] [ ] [ ] [ ] [ ]  | Sporadic CaseFollow-up CaseHousehold ContactPossible OutbreakAntibiotics, *(please state name & dates below)* |  | Suspected pathogeneg*.* Influenza, meningococcus etc |
| **Comments and/or further information** |
|  |