

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

LABORATORY USE ONLY

LABORATORY NUMBER

|  |
| --- |
| Deliver sample to:  DEPARTMENT OF MICROBIOLOGY AND INFECTION  ROYAL SUSSEX COUNTY HOSPITAL  EASTERN ROAD  BRIGHTON. BN2 5BE |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |
|  | |  | | Diarrhoea  Fever  Vomiting  Blood in stool  Recent travel *(please give place & dates below)* | | | | | | | | |  | Sporadic Case  Follow-up Case  Household Contact  Food Handler  Possible Outbreak  Antibiotics, *(please state name & dates below)* | | | | | | |  | | Enteric outbreak – *(please give*  *suspected pathogen )*  Single organism investigation please state) e.g. salmonella etc  Other – please state below |
| **NON-ENTERIC Investigation** | | **Clinical Details** | | | | | | | | | | | **Other Details** | | | | | | | | **Investigations Required** | | |
|  | |  | | Please state:-  Recent travel *(please give place & dates below)* | | | | | | | | |  | Sporadic Case  Follow-up Case  Household Contact  Possible Outbreak  Antibiotics, *(please state name & dates below)* | | | | | | |  | | Suspected pathogen  eg*.* Influenza, meningococcus etc |
| **Comments and/or further information** | | | | | | | | | | | | | | | | | | | | | | | |
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