

Patient Details											
Surname:											
First Name:											
Date of birth:	___ / ___ / ____										
Gender at birth:	Female ☐ Male ☐										
Patient Address:											
Patient/Chart No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Date sample collected:	___ / ___ / ____										
Time sample collected:	___ : ____ am pm										
Sample type:	Urgent ☐ Routine ☐										
Clinical Details/Therapy:											

Clinician Details	
Clinician/Consultant Name:	
Position:	
Company/Clinic/Ward/ Surgery Name:	
Emergency Mobile No. for critical results (Mandatory):	
Clinician Address:	

Refer to www.testguide.ie for sample requirements, turnaround times and sample stabilities.



Microbiology Tests ☒	
Urine C&S	☐
Urinalysis	Uchem ☐
Swab C&S	☐
Sputum C&S	☐
Sample types & swab sites:	
Blood Culture C&S	☐
Faeces C&S / Enteric Bacterial PCR	☐
Faces C. difficile toxin screen	☐
Faecal H. pylori antigen	☐
Faecal ova, cysts, parasites	☐
Environmental specimens	☐
CPE Screen	☐
Sample types & sites:	
Fluid C & S	☐
Fluid types & sites:	
Tissue C & S	☐
Tissue types & sites:	

Microbiology Tests ☒	
EBSL Screen	☐
Sample types & sites:	
MRSA Screen	☐
Sample types & sites:	
VRE Screen	☐
Sample types & sites:	
Fungal Culture	☐
Swab types & sites:	
Swab C & S	☐
Sample types & sites:	

Other Tests
State the tests required as well as; Sample types & sites:

Specimen type:		
Blood: ☐	MSU: ☐	CSU: ☐
Faeces: ☐	*Swab: ☐	Sputum: ☐
Urine: ☐	*Fluid: ☐	*Tissue: ☐
*Please state sample types & locations (e.g. nasal swab):		



**Use Purple Bags
for Micro Samples**

Blood culture is an
URGENT Micro
sample use a purple
bag with urgent red
label & Three Rock
Road address

**Assign Lab number / sticker
(Lab Use Only)**

Swab Sites include - Nasal, Throat, Mouth
Genital (e.g. HVS) Eye, Ear Wound, Skin.
Specify all sites including MRSA sites