Microbiology

Enquiries - Tel 0161 419 5626

NHS Stockport NHS Foundation Trust

FOR LABORATORY USE ONLY

Patient Details *(*Indicates mandatory field)*

Surname*

Forename*

NHS No.*

District No.

D.O.B.*

Sex* M F

Priority* Routine / Private / Urgent

Address

Postcode

Reason*

Requesting Doctor* (Print Name)

Sample Collected by* (Signature)

Location*

Contact Telephone No. / Bleep*

Specimen Type

Investigation Required

Clinical Details

e.g. Foreign travel, surgery, medical devices

On Antibiotics?

Please Specify

Sample Time of Collection

Sample Date of Collection

Sample acceptance policy will be strictly applied

Website: labmedservices.stockport.nhs.uk

JB:71778