

Patient Details (*Indicates mandatory field)

FOR LABORATORY USE ONLY

Surname*

NHS No.*

Forename*

District No.

D.O.B.*

Sex*

Priority*

Address

Postcode

Reason*

Requesting Doctor* (Print Name)

Sample Collected by* (Signature)

Requesting 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