

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?



PUBLIC HEALTH ENGLAND GP Request Form



JB-41120



BHH02

Laboratory Medicine Services Request Form:- Microbiology Investigations.

Failure to fully complete the demographics or comply with laboratory handbook guidelines will cause delay and may result in the sample NOT being processed.



University Hospitals Birmingham NHS Foundation Trust

NHS Number  
   -    -

Surname (BLOCK CAPITALS)

Forename

Sex  
 Male  Female

Date of Birth  
  -   -

Address

Post Code

Private Patient  
 Yes  No

PRACTICE CODE  PRACTICE NAME

GP CODE  GP NAME

Relevant Clinical Details:

Date Requested  
  -   -

Requestors Signature

**FAECES, SPUTUM & TB SPECIMENS MUST NOT BE INCLUDED WITH OTHER SPECIMENS**

Date & Time Sample Collected  
   -   -     :    
 Collected by:

SPECIMEN SITE:

Bacteriology Investigations	Virology Investigations
<p><i>Tick ONE box only</i></p> <p><input type="checkbox"/> MID STEAM URINE M,C&amp;S UBA</p> <p><input type="checkbox"/> CATHETER URINE M,C&amp;S UBA</p> <p><input type="checkbox"/> FAECES M,C&amp;S FX</p> <p><input type="checkbox"/> SPUTUM C&amp;S U</p> <p><input type="checkbox"/> HIGH VAGINAL SWAB C&amp;S CS</p> <p><input type="checkbox"/> ENDOCERVICAL SWAB M,C&amp;S CS</p> <p><input type="checkbox"/> OTHER SAMPLES FOR BACTERIOLOGY INVESTIGATION (please specify below)</p> <input type="text"/>	<p><i>Tick ONE box only</i></p> <p><input type="checkbox"/> Hepatitis B Immunity PL</p> <p><input type="checkbox"/> Rubella Immunity PL</p> <p><input type="checkbox"/> Varicella Zoster Immunity PL</p> <p><input type="checkbox"/> Hepatitis Screen PL</p> <p><input type="checkbox"/> HIV Serology PL</p> <p><input type="checkbox"/> Respiratory Screen VS</p> <p><input type="checkbox"/> Skin Viral Swab VS</p> <p><input type="checkbox"/> Viral Genital Screen VS</p> <p><input type="checkbox"/> OTHER SAMPLES FOR VIROLOGY INVESTIGATION (please specify below)</p> <input type="text"/>
<p><b>Chlamydia / Gonorrhoea NAAT</b></p> <p><input type="checkbox"/> URINE CCK</p> <p><input type="checkbox"/> THROAT CCK</p> <p><input type="checkbox"/> VAGINAL CCK</p> <p><input type="checkbox"/> RECTAL CCK</p> <p><input type="checkbox"/> ENDOCERVICAL CCK</p>	

**IF TESTING IS URGENT PLEASE CALL THE MICROBIOLOGY LABORATORY 0121 424 3111**  
Out of hours Please Phone switch board and ask for Duty Microbiology / On-Call BMS

**Directorate of Laboratory Medicine.  
Public Health England  
Birmingham Heartlands, Solihull Hospital and Good Hope Hospital.**

**Specimen Labelling:** All specimens must be fully and correctly labelled with the patients full name, registration / NHS number and date of birth.

**Completing the form:** All the patient details must be completed. Sample and request details must be legible

Samples / requests which do not meet the required criteria set by the directorate will be rejected. Reports will only be issued where a valid location is stated

**Contacting the Laboratory:**

Microbiology enquiries. 08:00 to 20:00 hrs – Monday to Friday.  
08:00 to 16:00 hrs – Saturday/Sunday  
Telephone number 0121 424 3111

For full range of assay availability, advice regarding selection of tests and on contacting the laboratory, see the on line Laboratory Medicine handbook available on the trust web site:  
<http://www.heftpathology.com>

**Opening times for Blood Tests:**

<b>Heartlands Hospital.</b>	<b>08:45 to 15:00 hrs - Monday to Friday</b>	<b>opposite clinic 4 out patient department.</b>
<b>Solihull Hospital.</b>	<b>08:00 to 16:00 hrs - Monday to Friday</b>	<b>out patient department</b>

**Please Note: It remains the responsibility of the requestor to review the results of investigations on their patients. In line with Royal College of Pathologists guidance on the reporting of markedly abnormal laboratory tests, the laboratories will telephone certain abnormal results. Refer to the Laboratory Handbook for a full listing.**

**Results will not be given to patients or relatives under any circumstances**

**Health and Safety:**

- Do dispose of sharps safety.
- Do use recommended containers only.
- Do seal all specimen containers in appropriate bags. Do not use staples.
- Only place specimen containers from one patient in the attached bag.
- Do not carry specimens in pockets or loose on trays.
- Do follow recommended guidelines for safe disposal of broken specimens. If in doubt contact the laboratory for advice.
- Never eat, drink or smoke when carrying specimens.
- If you cut or prick yourself or have an accident however small, inform your immediate line manager.

**Sample Tubes**

U	=	Plain Universal	White Top	Sputa and Other Fluids except Urine
FX	=	Plain Universal	White Or Blue Top	Faeces
UBA	=	Boric Acid	Red Top 10ml Primary Tube	Urine Culture and Sensitivity
CS	=	Liquid Swab	Pink	Swabs For Culture and Sensitivity
CCK	=	Chlamydia Swab	Aptima	
PL	=	Plain Blood Tube	Red Cap/Black Ring	Viral and Bacterial Serology
VS	=	Viral Swab	Green Cap	Swabs For Virology and PCR

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**BAG**

REMOVE COVERING STRIP  
PLACE SPECIMEN IN BAG  
FOLD TOP OVER TO SEAL