



HAVE YOU LABELLED THE SPECIMEN CORRECTLY?
PRESS FIRMLY ON EACH END
TO ENSURE A LEAKPROOF
SPECIMEN CARRIER

MICROBIOLOGY / VIROLOGY / IMMUNOLOGY



MICROBIOLOGY/VIROLOGY/IMMUNOLOGY REQUEST FORM, SHEFFIELD CHILDREN'S N.H.S. FOUNDATION TRUST

Lab Number

Western Bank, Sheffield S10 2TH
Tel: 0114 271 7000

Please affix patient label here otherwise complete.

**REQUESTS WITH NO WARD, CONSULTANT OR NHS
NUMBER DETAILS COMPLETED MAY NOT BE PROCESSED**

Investigations Required (in order of priority)		Hospital Number		NHS Number		Patient Category Please ✓
		Surname (Block capitals)		Forename(s)		
		Address or Postcode				
Specimen Type		Date of Birth	Sex	Hospital		Category 2
Date of Collection	Time of Collection	Ward / Dept.		Consultant / G.P. (Full name or initials & surname)		Research
Sample Obtained by (print name)			Bleep		Send Report to (if different Ward/Dept. from above)	
Clinical Details Full and appropriate clinical details including circumstances that may increase the risk of infection e.g. relevant travel history must be included. Underlying Disorder:- Current Clinical Details:- Please tick this box if patients/parents have an objection to non-research use of any left over samples (see information leaflet) <input type="checkbox"/>					For Laboratory Use Only	
Requesting Clinician (Block capitals)			Bleep Number			
Signature						

- Warnings**
1. All fields must be legibly completed
 2. Any person making a request on this form takes on the responsibilities under section 7 of the Health & Safety at Work Act (1974). Details of this are given in the Laboratory Handbook.

DETAILS OF LABORATORY SERVICES, SAMPLE REQUIREMENTS AND TRANSPORT ARRANGEMENTS CAN BE FOUND IN THE LABORATORY HANDBOOK

A copy is available through the quick links section of the Trust intranet or the Pathology section of the Trust website.

GENERAL ENQUIRIES AND RESULTS

Clinical Chemistry	271 7305
Haematology	271 7221
Histopathology	271 7264
Microbiology/Virology (STH)	271 4777
Immunology (STH)	271 5552

SAMPLE LABELLING

Please label all specimens clearly, giving the patients full name, date of birth, NHS / Hospital / A&E Number and Biopsy site (Histopath only)

URGENT REQUESTS

Must be arranged with the laboratory by telephone or if out-of hours via the on-call BMS (Clinical Chemistry and Haematology) or the Consultant Histopathologist.

Urgent samples must be clearly identified as such on the front of this form.

HEALTH AND SAFETY PRECAUTIONS

HIGH RISK SPECIMENS: Category 3 risk specimens are especially hazardous and must be identified as such with yellow category 3 labels on specimen container and request form.

If there is a specimen breakage and spillage, isolate the area to prevent access and contact a senior member of staff in the nearest clinical or laboratory area.

If you have an accident involving contamination with a specimen, contact a senior member of staff in the nearest clinical or laboratory area.

BAG

PLACE LABELLED SPECIMEN IN BAG
REMOVE PROTECTIVE STRIP, FOLD TOP ON TO BAG AND SEAL.
TO OPEN: HOLD FORM IN LEFT HAND & PULL BAG TO THE RIGHT