

PATIENT INFORMATION

**indicates mandatory fields*

*TLC unit no. (if known)

*Title *DOB dd/mm/yyyy

*Surname

*Forename(s)

*Gender M F IP OP DC

Payment method Insurance Embassy Self-Pay Sponsor

Payment provider _____

Member no. _____

Authorisation no. _____

Patient's tel no. _____

Patient's email _____

Patient's address _____

*Referrer's full name and contact details / or practice stamp

Clinical details

*Date collected: Time:

Travel history _____

Antimicrobial treatment (Please specify): _____

Other tests – please specify: _____

BACTERIOLOGY

BLOOD CULTURE

- Peripheral
- PICC _____ lumen
- H/L _____ lumen
- Port
- Other _____ (specify)

URINE MC&S

- MSU
- CSU
- Other _____ (specify)
 - Legionella urinary Ag
 - S. pneumoniae urinary Ag
 - Extended culture (extra charge)
- Pregnancy Test

TISSUES MC&S

- Orthopaedic
- Other _____ (specify)
 - with TB culture (8 wks)
 - with Fungal culture (3 wks)

FAECES

- MC&S (includes OCP)
 - Ova/cycts/parasites
 - C. difficile
 - Giardia Ag
 - H. pylori Ag
 - FIT test
 - Viral gastro PCR
 - Pan-pathogen* gastro PCR
- *includes bacteria, viruses and protozoa

FLUID / ASPIRATE MC&S

- Site _____ (specify)
 - with TB culture (8 wks)
 - with Fungal culture (3 wks)

CSF

****ATTACH SPECIFIC REQUEST FORM****

SWAB MC&S

- Site _____ (specify)

TIP MC&S

- Site _____ (specify)

FUNGAL CULTURE

- Site _____ (specify)
 - Pan Fungal PCR

RESPIRATORY MC&S

- Sputum
- BAL
- EBUS
- Other _____ (specify)
 - with TB culture (8 wks)
 - with Fungal culture (3 wks)

SCREENS

- MRSA (nose/throat/groin)
 - MDR (nose/throat/groin)
 - CRO (rectal)
- MDR = Multi Drug Resistant Organisms (+MRSA)
CRO = Carbapenem Resistant Organisms

VIROLOGY/SEROLOGY

SEROLOGY TESTS

- | | | |
|---|--|---|
| <input type="checkbox"/> Hepatitis A antibodies (total/IgM) | <input type="checkbox"/> COVID-19 antibodies (IgG) | <input type="checkbox"/> Procalcitonin (PCT) |
| <input type="checkbox"/> Hepatitis B surface antigen | <input type="checkbox"/> CMV antibodies (IgG/IgM) | <input type="checkbox"/> Anti-Streptolysin O titre (ASOT) |
| <input type="checkbox"/> Hepatitis B core total antibody | <input type="checkbox"/> EBV antibodies (IgG/IgM) | <input type="checkbox"/> Helicobacter pylori antibodies (IgG) |
| <input type="checkbox"/> Hepatitis B markers (including IgM) | <input type="checkbox"/> HTLV 1/2 antibody | <input type="checkbox"/> Lyme disease antibodies (IgG/IgM) |
| <input type="checkbox"/> Hepatitis B surface antibody (post immunisation) | <input type="checkbox"/> Measles antibody (IgG) | <input type="checkbox"/> Syphilis total antibody |
| <input type="checkbox"/> Hepatitis C antibody | <input type="checkbox"/> Mumps antibody (IgG) | <input type="checkbox"/> Toxoplasma antibodies (IgG/IgM) |
| <input type="checkbox"/> HIV 1/2 antibody + p24 antigen | <input type="checkbox"/> Rubella antibody (IgG) | |
| | <input type="checkbox"/> Varicella Zoster antibody (IgG) | |

MOLECULAR TESTS (PCR)

- | | |
|---|--|
| <input type="checkbox"/> Adenovirus viral load | <input type="checkbox"/> COVID-19 (SARS-CoV-2) |
| <input type="checkbox"/> CMV viral load | <input type="checkbox"/> Respiratory virus panel |
| <input type="checkbox"/> EBV viral load | <input type="checkbox"/> Chlamydia trachomatis |
| <input type="checkbox"/> HIV-1 viral load | <input type="checkbox"/> Neisseria gonorrhoeae |
| <input type="checkbox"/> Hepatitis B viral load | <input type="checkbox"/> STI Screen 6 |
| <input type="checkbox"/> Hepatitis C viral load | <input type="checkbox"/> STI Screen 7 (STI 6 + HSV) |
| | <input type="checkbox"/> Human Papillomavirus |
| | <small>(high risk DNA subtypes: 16, 18, 45 & others)</small> |

SST Urine

PPT Thin prep

EDTA BAL

Viral swab site _____

Other (please specify) _____

Referrer's signature _____ Date ____/____/____



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**PHLEBOTOMY
OPENING HOURS**

Monday to Friday
8.00am – 7.00pm

Saturday
9.00am – 1.00pm