

HOSP. CODE			WARD/ SURG. CODE			HOSP. NO. (OMIT SPACES)			LABEL BOTH PARTS OF FORM and/or PRINT WITH BALLPOINT		
CONSULTANT /GP CODE						SURNAME					
SPECIMEN TYPE						FORENAME					
DATE TAKEN	DD / MM / YY		TIME TAKEN (24 Hr Clock)			DATE OF BIRTH	DD / MM / YY		G.P. PATIENT NO.	SEX	
COPY TO CODE(S)						ADDRESS					
INVESTIGATIONS REQUESTED						POST CODE			NHS	PATIENT CATEGORY (ring) PP(in) PP(Out) CAT 2	
						CLINICAL DATA				LAB. NO.	
REQUESTING M.O. NAME						BLEEP No.		SIGNED (M.O.)			DATE
											/

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST REGIONAL IMMUNOLOGY

DANGER OF INFECTION LABEL BOTH PARTS OF FORM
PLACE STICKER HERE TO IDENTIFY DANGER OF INFECTION SPECIMENS AND GIVE DETAILS

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