HOSP. CODE		WARD/ SURG. CODE		HOSP. NO. (OMIT SPACES)		LABEL BOTH PARTS OF FORM and/or PRINT WITH BALLPOINT
REQUESTING CONSULTANT/ GP CODE				SURNAME		
SPECIMEN TYPE/SITE				FORENAME		SEX
DATE TAKEN	D D / M M / Y Y	TIME TAKEN	:	LAB NO.	DATE OF BIRTH	D D / M M / Y Y	G.P. PATIENT NO.	
COPY TO CODE(S)					ADDRESS			
MICROBIOLOGY REQUESTS **ONLY** CLINICAL DETAILS (including antibiotic treatment)								
					POST CODE		PATIENT CATEGORY (ring) NHS PP(in) PP(OP) CAT 2	
					TESTS REQUESTED			
DATE RECEIVED					DOCTOR'S NAME		BLEEP	

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HOSP. CODE		WARD/ SURG. CODE		HOSP. NO. (OMIT SPACES)		LABEL BOTH PARTS OF FORM and/or PRINT WITH BALLPOINT
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