

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	SEX	
DATE TAKEN DD / MM / YY	TIME TAKEN (24 Hr Clock)	DATE OF BIRTH DD / MM / YY	G.P. PATIENT NO.
COPY TO CODE(S)	ADDRESS		
INVESTIGATIONS REQUESTED		POST CODE	PATIENT CATEGORY (ring) PP(in) PP(Out) CAT 2
		CLINICAL DATA	
		LAB. NO.	
REQUESTING M.O. NAME	BLEEP No.	SIGNED (M.O.)	DATE / /



DANGER OF INFECTION LABEL BOTH PARTS OF FORM

PLACE STICKER HERE TO IDENTIFY DANGER OF INFECTION SPECIMENS AND GIVE DETAILS

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

REGIONAL IMMUNOLOGY



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