

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	DD/MM/YY	TIME TAKEN	:	LAB NO.	DATE OF BIRTH	DD/MM/YY
COPY TO CODE(S)					G.P. PATIENT NO.	
MICROBIOLOGY REQUESTS ONLY CLINICAL DETAILS (including antibiotic treatment)					ADDRESS	
					POST CODE	
DATE RECEIVED					TESTS REQUESTED	
					DOCTOR'S NAME	

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