

Microbiology Request Form

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Ordering consultant/GP: _____

Surname: _____

Date: _____

First name: _____

Time: _____

Sex: _____ Date of birth : _____

Patient number: _____

Clinical details

MICROBIOLOGY

AUCC	Urine MC&S	
WS	Wound Swab MC&S	
ANAPI	Tissue/Pus MC&S	
HVS	Vaginal MC&S, TV,M gen,Chlam,Gon PCR (PURPLE & YELLOW SWAB)	
GENI	Genital Culture and Sensitivity	
CTGCS	Chlamydia/Gonorrhoea PCR	
MRSA	MRSA culture	
MRSAP	MRSA PCR	
RESP	Sputum MC&S	
TB	TB Culture	

MICROBIOLOGY

MYC	Fungal Micro/Culture	
FAE	Faeces MC&S	
OCF	Faeces Ova, Cysts, Parasites	
FIT	Occult Blood	
BC	Blood Culture	
ENT	ENT and EYE MC&S	
ANAM	Fluid MC&S	
VSPCR	Viral Swab PCR Site:	
VEPCR	Viral Swab – Eye PCR	
CSF	CSF	

Other procedures

Self Pay / Est. insured fee £ _____

Patient Consent