

Microbiology Request Form

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Surname: _____

Order date: _____ Patient number: _____

First name: _____

Ordering consultant/GP: _____

Sex: _____ Date of birth : _____

Urgent/routine: _____

Clinical details

MICROBIOLOGY

NVU	Urine M&C	
SP	Sputum MC&S	
MYCO	Mycology M&C	
TISS	Tissue/Pus MC & S	
FPCR	Faeces PCR screening	
NSFL	Fluid Culture	
BCA	Blood Culture	

NVGN	Genital MC & S	
HVS	Vaginal MC&S,TV,M gen, Chlam,Gon PCR (PURPLE & YELLOW SWAB)	
CGSW	Chlamydia/Gonorrhoea PCR	

WS	Wound Swab	
TS	Throat Swab	
MS	Mouth Swab	
NS	Nose Swab	
EYE	Eye Swab	
EAR	Ear Swab	

MICROBIOLOGY

EBV	EBV Serology	
HAVT	Hepatitis A Total AB	
HEPB	Hepatitis B Profile	
HCA	Hepatitis C Antibody	
HBST	Hepatitis B Surface AB	
SKSP	Vesicular Rash PCR	
RESP	Respiratory PCR Swab	

TB	TB Culture	
QUAN	TB Quantiferon	

LYMS	Lyme Disease Serology	
HIV	HIV 1 &2 AG/AB	
MYCM	Mycoplasma IGM AB	
ASOT	Anti-Streptolysin O Titre	
CMVG		

FOCP	Ova, Cysts and Parasites	
HELG	H.Pylori Stool Antigen	

MRSA	MRSA Screen	
MRPC	MRSA PCR	

Other procedures

Self Pay / Estimated insured Fee* £ _____

Patient Consent