

##  Directorate of Laboratory Medicine

**Bacteriology**

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| **Manchester Medical Microbiology Partnership****Non-ICE Bacteriology Request Form** | **Only to be used in the event of ICE downtime****Results will not be available to ICE or EPR** |

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| **Surname** | **Forename(s)** | **Date of Birth** | **Sex** |
| **DD** | **MM** | **YY** |  |
| **Hospital** | **Ward** | **District/NHS No** | **Consultant** |
| **Specimen Type/Site** | **Date Taken** | **DD** | **MM** | **YY** | **Date Received (Lab Use Only)** |
|  | **Tests Required** | **** |
| **Lab Number (Lab Use Only)** |
| **Routine MC&S** |  |
| **Clinical Data**  | **MRSA Screen** |  |
|  | **Other Tests** |
| **Routine** | **Urgent** |
| **Foreign Travel Y / N to** |