

## 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** | | | | | | | |