

PLEASE COMPLETE ALL SECTIONS				PLEASE PRINT OR USE LABEL			
SPECIMEN AND SITE			INVESTIGATION	DATE TAKEN	SURNAME		REGISTRATION NUMBER
				TIME			
ANTIBIOTICS	CLINICAL DETAILS			FIRST NAMES (S)		HOSPITAL	WARD / DEPT
DATE OF REQUEST				DATE OF BIRTH		SEX	CONSULTANT
				M	F		
NHS	Cat II	PRIVATE	M.O.'S SIGNATURE	SURNAME (PRINTED)	MO's BLEEP No OR WARD FOR URGENT RESULTS		
CLINICAL LABORATORY SERVICES MICROBIOLOGY (excluding Virology)					Queen Elizabeth Hospital 0121 371 6538		