

SPECIMEN (INCLUDING SITE)
 INVESTIGATION
 DATE AND TIME COLLECTED
 CLINICAL DETAILS
 ANTIBIOTICS? NO/YES (GIVE DETAILS)

CHI NUMBER HOSPITAL
 SURNAME F/NAME
 ADDRESS
 TOWN D.O.B.
 POST CODE SEX

SIGNATURE.....

CONSULTANT OR GP
 WARD OR GP PRACTICE ADDRESS.....

LABORATORY USE ONLY					
INVESTIGATION			TEST		
1.....	2.....	1.....	2.....	3.....	
3.....	4.....	4.....	5.....	6.....	

MICROSCOPY
 WBC..... ORGS.....
 RBC..... EPITH.....
 GPC..... GPB.....
 GNC..... GNB.....
 TV..... CLUE.....
 YEAST..... XAN.....
 CRY..... FPD.....
 AAFB.....

REPORT
 1.ORG.....
 2.....
 3.....

COMMENT

ANTIBIOTIC	1	2	3	ANTIBIOTIC	1	2	3
AMIKACIN				GENTAMICIN			
AMOXYCILLIN				IMIPENEM			
AUGMENTIN				METRONIDAZOLE			
AZTREONAM				MUPIROCIN			
CEFOTAXIME				NEOMYCIN			
CEFTAZIDIME				NITROFURANTOIN			
CEFUROXIME				PENICILLIN			
CEPHALEXIN				PIPERACILLIN			
CHLORAMPHENICOL				RIFAMPICIN			
CIPROFLOXACIN				SPECTINOMYCIN			
COLISTIN				TETRACYCLINE			
ERYTHROMYCIN				TRIMETHOPRIM			
FLUCLOXACILLIN				VANCOMYCIN			
FRAMYCETIN							
FUSIDIC ACID							

DATE AND TIME RECD

LAB No.