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Author/Reviewer	L. Crawford	Authoriser	L. Neill
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Effective Date	06/08/2020	Document Type	Laboratory Form
C. difficile Ribotyping Request Form - Generic			

Please send samples to: MICROBIOLOGY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel Molecular typing: 028961 51646 / 51592

Email: MolecularTyping@belfasttrust.hscni.net

Patient details:

Surname:	<input type="text"/>	DOB:	<input type="text"/>
Forename:	<input type="text"/>	Sex:	M/F
Health and care number:	<input type="text"/>		
Lab Reference number:	<input type="text"/>		
<i>C. difficile</i> results of referred sample:			
GDH:	<input type="text"/>	Toxin EIA:	<input type="text"/>
		Toxin PCR:	<input type="text"/>

Source details:

Hospital patient: <input type="checkbox"/>	Community Patient: <input type="checkbox"/>	Nursing Home: <input type="checkbox"/>	Not Known: <input type="checkbox"/>
Outbreak associated? Y/N			
GP/Nursing home (as required):	<input type="text"/>		
Hospital:	<input type="text"/>	Ward/Unit:	<input type="text"/>
Consultant:	<input type="text"/>		
Sample date:	<input type="text"/>		
Trust:	<input type="text"/>		

Sender's name:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Laboratory Use only:

Date/time received	Affix Laboratory number
<input type="text"/>	<input type="text"/>