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Effective Date	06/06/2024	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

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"/>		GP: <input type="checkbox"/>		Community Patient: <input type="checkbox"/>		Nursing Home: <input type="checkbox"/>	
Outbreak associated? Y/N							
GP/Nursing home name (as required):		<input type="text"/>					
Hospital:		<input type="text"/>		Ward/Unit:		<input type="text"/>	
Consultant AND HCP Code:		<input type="text"/>					
Sample date and time:		<input type="text"/>					
Source Code:				Trust:			

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

Laboratory Use only:

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