

LABEL SPECIMENS CLEARLY



MICROBIOLOGY



MICROBIOLOGY SHREWSBURY, TELFORD & OSWESTRY (Shrewsbury Tel: 01743 261161 Fax: 01743 261165) (Telford Tel: 01952 641222 ext. 4349 Fax 01952 282899)		Lab. Use only	BACTERIOLOGY VIROLOGY SEROLOGY ANTIBIOTIC ASSAY	
Date 01/05/11 Time 10:15 am / pm	Surname SMITH.	NHS/Hosp. No.		
Specimen site Stool.	Catheter	Forename JOHN.	Hospital Ward CARE HOME.	
Request MC&S and virology.	Midstream (Please Circle)	DOB/Age 15/07/29	Sex M	Consultant/GP DR S MEDIC.
Clinical details Diarrhoea type 6 for 48 hrs + vomiting. Part of an outbreak at care home.	Drs Surname Jane Brown Bleep No. (Please print) Nurse-in-charge.	Patient address ANY NAME CARE HOME ANYWHERE STREET SHREWSBURY		
		Surgery address code THE SURGERY, SOMEWHERE, G999.		
		Post code 541 1AA		
Antimicrobials	17. Gentamicin	SEROLOGY		NHS patient <input checked="" type="checkbox"/>
1. Acyclovir	18. Imipenem	Give date of onset of symptoms		Private patient (NHS facility) <input type="checkbox"/>
2. Amoxicillin	19. Itraconazole	ANTIBIOTIC ASSAYS		Private patient (Other) <input type="checkbox"/>
3. Amphotericin	20. Linezolid	Date and Time of last dose given		Category 2 <input type="checkbox"/>
4. Cefotaxime/ Ceftriaxone	21. Meropenem	Dose given (amount) and frequency		AFFIX "DANGER OF INFECTION" LABEL HERE
5. Cefuroxime	22. Metronidazole	Date and Time this assay taken		
6. Ceftazidime	23. Moxifloxacin	Date and Time of next dose		
7. Cephalexin	24. Mupirocin	Assays may not be performed if this information is not given. Result interpretation depends on correct timings		
8. Clarithromycin	25. Neomycin			
9. Ciprofloxacin	26. Nitrofurantoin			
10. Co-amoxiclav	27. Norfloxacin			
11. Colistin	28. Penicillin			
12. Ertapenem	29. Piperacillin/ Tazobactam			
13. Erythromycin	30. Telcoplanin			
14. Flucloxacillin	31. Tetra- Doxy-cycline			
15. Fluconazole	32. Trimethoprim			
16. Fusidic Acid	33. Vancomycin			