National Virus Reference Laboratory
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Belfield, Dublin 4

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STI INVESTIGATION REQUEST FORM

PATIENT DETAILS

Forename:

DOB: D D M M Y Y Y Y

Surname:

Sex : F M

Address: Mandatory

Hospital Number (Mandatory if available)

Lab Number (Mandatory if available)

SPECIMEN DETAILS

Specimen Type(s): Serum Plasma Other:

Specimen Date & Time of collection: D D M M Y Y Y Y H H M M

Sample Collection Details

Sample taken By:

Signature:

Date taken:

CLINICAL DETAILS

Clinical details aid the selection of an optimal testing strategy.

Date of onset of symptoms D D M M Y Y Y Y

Clinical Details

SWAB SITE

HVS ECS Rectal

LVS Throat Other

INVESTIGATION REQUIRED

Viral Serology Investigations

- HIV
- HBsAg
- anti-HBcore
- anti-HBs
- Hepatitis C
- Syphilis

Other (please specify) .....

Molecular Investigations

- Aptima Required — Chlamydia .....
- Aptima Required — Trichomonas .....
- Aptima Required — Neisseria gonorrhoea .....
- Aptima Required — Mycoplasma genitalium .....
- Herpes simplex virus .....

DOCTOR/SURGERY/REQUESTING HOSPITAL DETAILS

Name:

Signature:

IMC No:

Date: D D M M Y Y Y Y

Tel:

Surgery Address / Hospital Address/Stamp

N.B. Please note that the sample will not be processed without address of surgery or hospital