



Specimen Referral Form

Please write clearly in dark ink

Sender's Information

Requesting Hospital _____ Hospital code _____
 Consultant/GP Name _____ Ward Discipline _____
 Contact no. _____

Patient Information

Hospital No. _____ Relevant clinical details/primary diagnosis: _____
 Surname _____
 Forename _____
 Address _____
 Eircode _____ Date of onset _____ DD / MM / YYYY
 Date of birth: _____ DD / MM / YYYY Antibiotic therapy _____
 Gender: Male Female
 Ethnic origin _____ pre-collection antibiotics YES/NO

Sample Information

Requesting lab. no. _____ Date & Time collected _____ DD / MM / YYYY || :
 Clinical specimen Bacterial isolate Other _____
Sample type/Source
 CSF CSF WCC _____ CSF RBC _____ Blood Joint Fluid Bone
 Pleural Fluid Other sterile site _____ Throat Other non-sterile site _____
 Requesting laboratory findings (i.e. culture details, molecular (in-house/commercial platform) results, etc.) _____

Tests Required

PCR (Selection criteria will be applied; see page 2 of this form & User Manual; contact laboratory if clarification required)
 Meningitis Septicaemia Deep tissue Abscess Bone/Joint infection
 Empyema Other _____
 Isolate identification & typing (susceptibility testing available on request; see reverse) Other: _____
 Presumptive identification: _____
 Method used (MALDI, VITEK, FilmArray, etc.): _____

Additional Information

**ALL SPECIMENS ARE POTENTIALLY HAZARDOUS
HIGH RISK SPECIMENS MUST BE APPROPRIATELY MARKED**

Irish Meningitis & Sepsis Reference Laboratory

LABORATORY HOURS Monday-Friday 09:00 -17:00

ENQUIRIES:

For advice on diagnostic PCR testing/results: 01- 8784432

For advice on isolate identification, typing & susceptibility testing/results: 01-8784857/4854

For advice on patient investigation and interpretation of results:

Consultant Microbiologist contactable via switch (01-8784200)

TRANSPORTATION:

Specimens for processing must be transported according to UN Transportation Standard UN3373 to IMSRL in a clearly marked biohazard bag and specimen transport box according to UN Packaging Standard P650 accompanied by this completed IMSRL Request Form

Diagnostic PCR testing

Ideally samples should be collected as close to onset as possible and prior to administration of antibiotics.

Store samples at 4°C if delay in transportation

Minimum sample volume (for all specimen types) is 0.5ml (higher volume recommended if repeat or additional testing required)

Syndrome (specimen type)	Meningitis (CSF) (≥7 days of age)	Sepsis (Blood) (≥7 days of age)	Early onset sepsis & meningitis (< 7 days of age) :Blood	Early onset sepsis & meningitis (< 7 days of age) :CSF	Pleural fluid	Osteomyelitis/ Septic arthritis
Group B Streptococcus	Only if aged < 90 days	Special request only	All	All	Special request only	Special request only
E. coli	Only if patient has <i>E. coli</i> bacteraemia or UTI and is < 90 days and has evidence of meningitis, or has galactosaemia	Not available	Not available	Only if patient has <i>E. coli</i> bacteraemia or UTI and is < 90 days and has evidence of meningitis, or has galactosaemia	Special request only	Special request only
N. meningitidis	All	All	Special request only	Special request only	Special request only	Special request only
S. pneumoniae	All	All	Special request only	Special request only	All	All
H. influenzae (Type b result given for blood and CSF)	All	All	Special request only	Special request only	Special request only	Special request only
S. aureus	Special request only	Not available	Not available	Special request only	All	All
Group A Streptococcus	Special request only	Not available	Not available	Special request only	All	All
Kingella kingae	Not available	Not available	Not available	Not available	Not available	Only if <5 years
Listeria monocytogenes	If specifically requested. If age >90 days, must include clinical indication for testing on request form	Not available	Not available	If specifically requested. If age >90 days, must include clinical indication for testing on request form	Not available	Not available

Turnaround All samples received for diagnostic PCR by 11 am: Result available between 16.00-17.00 same day.

ISOLATES

Purified isolate on chocolate agar slope or on charcoal transport swab
Send isolates on slopes as soon as possible after overnight incubation

Isolate species	Test repertoire	Turnaround Time
<i>Neisseria meningitidis</i>	identification, grouping, typing and susceptibility testing	5-10 days Supplementary report with finetype results issued quarterly (susceptibility testing performed quarterly and results available on request). Urgent samples processed on request.
<i>Haemophilus influenzae</i>	identification, typing and susceptibility testing	10 days (Susceptibility testing performed quarterly and results available on request.) Urgent samples processed on request.
<i>Streptococcus pneumoniae</i>	identification, typing and susceptibility testing	Testing batched and carried out on a quarterly basis with reports issued quarterly (susceptibility testing results available on request). Urgent samples will be processed on request.
<i>Streptococcus pyogenes</i> (group A streptococcus; GAS)	identification, <i>emm</i> sequence typing and susceptibility testing	Testing batched and carried out on a quarterly basis with reports issued quarterly (susceptibility testing results available on request). Urgent samples processed on request.
<i>Streptococcus agalactiae</i> (group B streptococcus; GBS)	identification, capsular typing and susceptibility testing	Testing batched and carried out on a quarterly basis with reports issued quarterly (susceptibility testing results available on request). Urgent samples processed on request.
<i>Kingella kingae</i>	identification, typing and susceptibility testing	Testing batched and carried out on a quarterly basis with identification reports issued quarterly

This form is available for electronic download (along with User Manual) from <http://www.cuh.ie>