

254.00 mm

PATENT NO. 2221208 B

A JONES & BROOKS EASISEAL SPECIMEN FORM

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

139.70 mm

JB-46800



MICROBIOLOGY



# NORTH BRISTOL NHS TRUST DEPARTMENT OF MICROBIOLOGY

NHS No. / Hospital No. including Hospital prefix

[Grid for NHS/Hospital No.]

Surname *Please place approved Addressograph in this area*

[Grid for Surname]

Forename

[Grid for Forename]

D.O.B.

[Grid for D.O.B.]

Sex (M/F)

[Grid for Sex]

Patient Type

NHS PP Cat II

Patients Address inc. Post Code

[Grid for Address]

Clinical Details / Therapy

[Grid for Clinical Details]

Antimicrobial Therapy  
(Generic 1<sup>st</sup> 5 letters)

[Grid for Antimicrobial Therapy]

Recent Foreign Travel?

YES NO

Country Visited

[Grid for Country Visited]

For Laboratory Use



Inoculation Risk? YES  NO

Southmead Hospital Tel. 0117 414 6219

Sample Collection Date and Time

DDMMYY HHMM

Doctor's Signature & Bleep No.

### Specimen

MSU <input type="checkbox"/>	CSU <input type="checkbox"/>	Urine* <input type="checkbox"/>	Sputum <input type="checkbox"/>
HVS <input type="checkbox"/>	CX <input type="checkbox"/>	Urethral <input type="checkbox"/>	Faeces <input type="checkbox"/>
Throat <input type="checkbox"/>	Nose <input type="checkbox"/>	CSF <input type="checkbox"/>	Blood Culture <input type="checkbox"/>
Swab* <input type="checkbox"/>	Tissue* <input type="checkbox"/>	Nail Clipping* <input type="checkbox"/>	
Fluid* <input type="checkbox"/>	Pus* <input type="checkbox"/>	Skin Scraping* <input type="checkbox"/>	

\*Specify Specimen Site

[Grid for Specimen Site]

Other Specimen

[Grid for Other Specimen]

**Request:** For Virology/Serology/Chlamydia please use HPA form

MC&S <input type="checkbox"/>	Mycology <input type="checkbox"/>	TB <input type="checkbox"/>	
H.pylori <input type="checkbox"/>			Screen [ ] [ ]

**Antibiotic Assay** - Clotted (Brown)

Vancomycin <input type="checkbox"/>	Gentamicin <input type="checkbox"/>	Other <input type="checkbox"/>
	Pre <input type="checkbox"/>	Post <input type="checkbox"/>
Last Dose Given <input type="checkbox"/>		Random <input type="checkbox"/>

DDMMYY HHMM

Pat 46800 Rev 0089-19

WC	APP	Pus	NegSP	NNG	BacTEC	NOCAR	WP	-70
RC	WBC	Epith	NegFX	NC	SAB	LEGI	CONC	slope
EPI	Poly	GPC	VTF	NHSACG	CHOC	ACTIN	DCA/XLD	NOCP
BA	Lymph	GPB	TBTF	NSA	GC	TCBS	SM	NCO
Casts	RBC	GNC	BV	NMRSA	BAC	YER	CAMP	
TV	Org	GNB		BHI	ROB/FAA	Cdiff	Sel	

Culture Isolate	1	Blood Culture	Aerobic	Day	Gram	Assay	..... Pre mg/l
	2		Anaerobic	Day	Gram		..... Post mg/l
	3		Aerobic	Day	Gram		..... Random mg/l
	4		Anaerobic	Day	Gram		..... QC Actual
						TDX	..... QC Target
						FLX	
						BIO	

UR	1	2	3	4	GP	1	2	3	4	GN	1	2	3	4	P	1	2	3	4
CPD					OXA					CPD					CIP				
AMP					PEN					AMP					CTZ				
NIT					ERY					CXM					GEN				
TRI					MUP					CIP					MER				
CIP					CIP					CTR					PTZ				
AUG					RIF					AUG					COL				
ERT					MIN					ERT					PEN				
CEPH					MOX					CTZ					ERY				
CTR					VAN					AMI					CIP				
CTZ					GEN					GEN					TET				
GEN					FUS					MERO					CTZ				
MERO					CLI					PTZ					CTX				
NOV					LINE					COL									
OXA										TOB									
VAN															CHL				
GEN					OPT										NEO				

Tel: to .....

Date .....

Time .....

Signature .....



MICROBIOLOGY



Fold

# BAG

REMOVE COVERING STRIP PLACE SPECIMEN IN BAG FOLD TOP OVER TO SEAL