



Guidelines for completing Referral Forms

A list of all tests and services offered by specialist and reference microbiology laboratories can be found at:

<https://www.gov.uk/specialist-and-reference-microbiology-laboratory-tests-and-services>

The page carries a link to the appropriate referral form to use and to the relevant laboratory user manual for more information.

Failure to use the correct request form or to provide relevant information may mean that the laboratory is not able to process your request in the most efficient way which may prevent us from meeting published turnaround times.

Referral form title and index number
The title of the form should indicate which tests/services it should be used for and each form also has an Index number for each reference

Our laboratory contact details

Address (both Royal Mail and DX) and other contact details of the laboratory to which samples and completed request forms should be sent.

†† Your purchase order or billing reference

This will appear on your invoice

† Your address
We will use this address (particularly the postcode) to find you in our system. **Please ensure you are consistent with the address you provide.** Please provide a contact name where possible

PHE investigation

Quoting our reference number back will help us associate the new requests for testing with any previously submitted.

† Patient/source details

Use this section to provide as much information about the patient or source as possible. This helps us to link samples from the same patient so that relevant results are considered together.

†† Your sample reference number
This will appear on your report and invoice

Details about the sample(s) submitted

If more than one sample is required for the service, this will be clearly marked. Please provide as much detail as possible

!! The information requested in this section helps us ensure that specimens received are handled with appropriate containment for the risk posed.

‡ Indicate tests to be performed.

If the form has a list of tests but NOT the one you want, please confirm you have the correct form.

Your results

Provision of these data may help us tailor the service and speed up turnaround times

Further information

Please use the other comments box to expand on information provided above or to provide any information not specifically requested you think may be important

Clinical information

The information requested in this section is often specific to the test/service and helps us ensure results are interpreted correctly

Referred by

If requested, please ensure that the request form is signed off by the appropriate person

Notes:

!! Information required for health and safety reasons

† Information required which will appear on your report

†† Data items that will also be quoted on any invoices you receive for the work being requested