

REQUEST FORM and Information – *Clostridium difficile*

FM2201

Microbiological Diagnostic Unit – Public Health Laboratory

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MDU use only

Patient and sample details

****Please include copy of original request form**

Name Date of Birth (or Age) Sex: M F
Postcode Patient identifier (UR No etc).....
Date Sample collected..... Laboratory number.....

Patient location at time of sample collection

Facility Name
Ward or Unit Date of admission

Laboratory details

Report to (laboratory)..... (Person)
Address
Postcode Phone no. Fax no.

Toxin detection

Method of definitive toxin testing.....

Result stool	Toxin detected	Toxin not detected	Equivocal
Result culture	Toxin detected	Toxin not detected	Equivocal

C. difficile isolated Yes No

Isolate sent to MDU Yes No

Comment

Stored by lab: Always keep a viable culture in referring lab, and, keep a stool sample at minus 80 from hypervirulent cases

isolate stored Yes No

Stool stored Yes No

Moxifloxacin testing Yes No

Result Moxifloxacin Sensitive Moxifloxacin Resistant Other [specify]

Contact person preparing sample for MDU

Name..... Signed Date

Comments and elaborations



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