MRSA/Strep A/Pseudomonas\* SCREENING OF STAFF

\*DELETE AS APPLICABLE

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| --- | --- |
| **Date & time of specimen collection:** | |
| **Ward screened**: | **Requesting Doctor**: MCGR  **Location**: OCCH |
| **Priority status: URGENT/ROUTINE\*** | **Clinical Information**:  OUTBREAK INVESTIGATION |

Laboratory information: request appropriate **TLC for specimen** and **OBR**

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| Staff Full Name,  **D.O.B, Gender.**  **(Please use block capitals)** | Site | Lab No | Results  (For laboratory use only) |
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