MRSA/Strep A/Pseudomonas\* SCREENING OF PATIENTS

\*DELETE AS APPLICABLE

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

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

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