North Midlands and Cheshire Pathology Service

Working in Partnership

University Hospitals of North Midlands NHS Trust | Mid Cheshire Hospitals NHS Foundation Trust | East Cheshire NHS Trust

North Midlands and Cheshire Pathology Service

Manual Backup Request Form

Please complete the following in **BLOCK CAPITALS**

NHS No.: **Requested By:**

Surname:

Forename:

Date Of Birth: **Clinician:**

Sex: **Location:**

Address:

Tests Requested:

Date of Collection: / / **Time:** :

Information for Infection Sciences

Sample Type:

Current / Future Antibiotic Treatment:

MANDATORY FIELD **Foreign Travel within last 12 months?:** Y / N

Countries Visited:

Duration of Visit: **Date of Return:**

For Lab Use Only