



**MATER MISERICORDIAE UNIVERSITY HOSPITAL**

**Malaria screen request form**

- This form must accompany any request/specimen for malaria screen.
- Inform the Haematology laboratory at 01 803 2065
- Please confirm patient has been in a malaria- risk area prior to requesting test.

Specimen requirements: FBC (EDTA) sample which must arrive in Haematology Laboratory within **one hour** of venepuncture

Patient name: \_\_\_\_\_

MRN (if applicable): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Requesting doctors name: \_\_\_\_\_

Requesting source (Ward/Clinic/Medical centre/GP surgery): \_\_\_\_\_

Contact bleep /telephone/mobile number: \_\_\_\_\_

**Out of hours contact number (for positive malaria screen result):** \_\_\_\_\_

Clinical symptoms and duration: \_\_\_\_\_

Travel history: Countries visited during the past 12 months: \_\_\_\_\_

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When did patient return to / enter Ireland: \_\_\_\_\_

Were anti-malarials taken during travel? Yes/No

If yes, what type? \_\_\_\_\_

If yes, was prophylaxis continued for at least one month? Yes/No

Has malaria treatment commenced for this episode? Yes/No

If yes, what type? \_\_\_\_\_

Does the patient have a history of malaria? Yes/No

If yes, what species? \_\_\_\_\_

Where and when was diagnosis made? \_\_\_\_\_