



Clinical Details on Microbiology Request Forms: Update

The requirement for clinical details on all microbiology request forms has now been in place for six weeks. Thank you for your cooperation and patience during this initial period of implementation. The vast majority of samples now arrive at the microbiology laboratory with good clinical details, justifying the request and providing additional useful information where required. This has made a huge difference to the laboratory in optimising both the testing process and the reports that are released.

Although clinical details are now generally very good, we are still occasionally receiving specimens where the sample site has not been specified. Detailing of the site of infection is pre-requisite, as colonising flora varies between different parts of the body so this information is essential for optimal culture interpretation.

We have made a few additions to the clinical details guide, including the addition of tables for both nasal swabs and eye swabs. Urine sent from routine diabetic check-ups will no longer be accepted for microscopy or culture unless additional information is supplied. Following feedback, there have also been a few minor changes made to what is regarded as acceptable or unacceptable clinical detail for different specimen types. These tables are likely to evolve further as the process becomes more established.

<https://www.pathlab.co.nz/providers>

The number of specimens that we are having to put on hold due to insufficient clinical details is now decreasing. Thank you for using the test add-on function on the Pathlab website for adding extra clinical details. This allows an audit trail of the request which is necessary for laboratory accreditation purposes.

<https://www.pathlab.co.nz/test-add>

Thank you for all your feedback regarding this process. It is really important to us in terms of optimising the policy. The feedback is discussed amongst the clinical microbiologists and senior scientists, and advice from relevant specialists is sought when necessary. Please continue to feed back to us any further issues you may be having, or suggestions for further improvement.

With many thanks,

Michael Addidle
Clinical Microbiologist

Vani Sathyendran
Clinical Microbiologist

Murray Robinson
Lead Microbiology Scientist

Please ensure all members of your institution receive a copy of this clinical update.