LPS REQUEST FORM (Microbiology)

pathlab

NHI NUMBER	SURNAME		FIRST NAMES
DOB	SEX	Requesting Doctor:	Location:
Blood taken by:	DATE:		Time:

All requests MUST have gate keeper approval - Clinical information MUST be provided

I declare that these urgent diagnostic procedures are required to obtain information about potentially life-threatening conditions and/or conditions that could potentially lead to permanent disability.

Requesting Clinician: …………………………………… **Signed:** ……………………………………

Approved by SMO: ………………Name……………… Yes / No* Time: ………… Date: ……………..

Approved by Gate keeper: ……… Name ……….. Yes / No* Time: ………… Date: ………………

CLINICAL DETAILS to support LPS request:

	TEST	Justification:
☐	CSF	suspected CNS infection
☐	Blood cultures	o Severe infections, suspected sepsis, Red Flag sepsis, septic shock. o Meningitis. o Infective endocarditis. o Endovascular infections. ▪ Line-associated infection. ▪ Endovascular graft infection. o Orthopaedic infections. ▪ Septic arthritis. ▪ Acute osteomyelitis. ▪ Spinal infection.
☐	Aspirate	Sterile sites aspirates / corneal scrapes
☐	Bronchoscopy specimens	Acute patients who are not responding to empiric treatment
☐	PJI revision tissues	? Infective PJI revision
☐	Blood and urine cultures for febrile infant	febrile infant (12 months old or younger) in the event an infant presents with sepsis of unknown origin
	Any test not listed need gatekeeper approval:	
	Test(s) Requested:	
☐		
☐		
☐		

*See process flow overleaf

LPS REQUEST PROCESS
All requests MUST have gate keeper approval

All LPS requests MUST have all relevant clinical details on the request form & comply with agreed LPS protocol(s)

Is LPS testing required so urgently that a delay would expose the patient to harm

No → Is the test on the approved LPS list?

No → Does the SMO agree the test meets the criteria for LPS?

Yes (from first diamond, down) → Complete the form and send directly to the lab

Is the test on the approved LPS list? **Yes** ↓

Has a SMO reviewed the request and still considered it to be LPS?

No → Verify with SMO before approaching gatekeeper

Has a SMO reviewed the request and still considered it to be LPS? **Yes** ↓

Does the SMO agree the test meets the criteria for LPS? **Yes** / **No**

Contact gatekeeper and seek final authorisation

Has the gatekeeper approved the test

Yes → Complete the form and send directly to the lab

No → Do not request the test or send a request to the lab