

Title: CSF Spectrophotometry Request Form	Reference: FOR-CUH-PAT-249	Revision: 03
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CSF Spectrophotometry Request Form

Complete this form and return with **1 ml CSF** (last CSF taken) in a light protected container to Clinical Biochemistry. A concomitant serum sample sent for total protein and bilirubin will aid interpretation.

CSF must be sampled a minimum of **12 hours post** onset of symptoms.

Patient Details:

Clinical Details:

MRN: _____

Clinical Indication: _____

Forename: _____

Surname: _____

Onset of Symptoms: Date: _____ Time: _____

Date of Birth: _____

Lumbar Puncture: Date: _____ Time: _____

Address: _____

CT scan result: _____

Is meningitis suspected? Yes No

CSF sample must be hand delivered to the laboratory (don't use pneumatic tube system)

Requesting Clinician: _____

Contact No. _____

Laboratory use only:

Sample Receipt: Date: _____ Time: _____

Light Protected: Yes No

Specimen Spun: Yes No

CSF Volume >500 µl Yes No

Visible haemolysis Yes No

Place Barcode Here

Additional Laboratory Data Relevant to CSF Test Interpretation

Serum Bilirubin: _____ µmol/L (RR; 1-20 µmol/L)

CSF Total Protein _____ g/L (RR: 0.20-0.40 g/L)

Red Cell Count _____ cells/mm³ (Microbiology result)