

Infectious Disease Notifications
Suggested Data Items for Labs to report to Public Health

	Data Item	Description
Patient Details	Surname	Surname of patient
	First Name	Firstname of patient
	Address 1	Address where patient resident
	Address 2	
	Address 3	
	County	County where patient resident
	Contact Tel No.	Patient's contact telephone number
	Gender	M, F, NK
	DOB	Date of Birth
	Age	Age of patient
	Patient Type	In-patient, Out-patient, GP patient
	Hospital Number	Patient Hospital number
Specimen Details	SpecimenLabID	Specimen number
	Specimen Type	Type of specimen e.g. blood, csf, stool, urine etc.
	Specimen Date	Date Specimen taken
	DateTest Result	Date Laboratory diagnosis was made
Organism Details	Organism Description	Genus, Species, Type (or equivalent) Also Other Details if available (e.g. phage type, subtypes, markers for HepB etc)
Physician Details	Referring Clinician/GP Details	Name and address of referring clinician or GP
Additional Details	Additional Comments	Insert clinical comments and/or epidemiological information if relevant
	Outbreak Code	Code assigned to outbreak

Note: Laboratory Name, Name and Address of Notifier and Date Notification by Laboratory should also be provided by lab when notifying Medical Officer