

Title: Malaria Request form	Reference: FOR-CUH-PAT-4071	Revision: 01
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T12DC4A**



MALARIA REQUEST FORM – MUST BE COMPLETED IN FULL

1. Prior to requesting a malaria screen, it is important to establish that the patient has been in a malaria-risk area.
2. Please fill out this form and the haematology laboratory **MUST** be informed at 021-4920172 or 021-4921350, (haematology bleep 377 after 8pm Monday to Friday and after 12:30pm Saturday).
3. Sample requirements: 1 EDTA sample (one sample can be used for FBC & Malaria screen.)
4. The sample should arrive in the Haematology Laboratory within 4 hours of venepuncture.

Laboratory Use Only

Laboratory Number	
Date/Time of receipt	

Section A: Patient Details

Patients Name:	
MRN:	Date of Birth:
Ward/Medical Centre:	
Requesting Clinicians Name:	
Bleep/Contact number of Clinician: (include out of hours contact for positive malaria results)	

Section B: Travel History and Clinical Details

Clinical Symptoms & Duration:	
Date of onset of symptoms	
Travel History	
What countries has the patient travelled to?	
When did they arrive/return to Ireland?	
Were anti-malarial/prophylaxis taken during travel? If yes, what type?	YES / NO
Has malaria treatment commenced for this episode? If yes, what type?	YES / NO
Has the patient previously had malaria? If yes, what species? If yes, when and where was it diagnosed?	YES / NO