



Please write clearly in dark ink

www.gov.uk/ukhsa

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

UKHSA outbreak/investigation

ILog number

Postcode

PATIENT/SOURCE INFORMATION

Human Animal* Food* Water* Environment* Other* *Please specify

InPatient Outpatient GP Patient Other* *Please specify

NHS number

Sex male female

Surname

Date of birth D D M M Y Y Y Y Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Ward/clinic name

Hospital name (if different from sender's name)

Ward type

SAMPLE INFORMATION

Your reference

Sample type

Isolate* Serum Clinical Sample*

Other (please specify)

*If isolate or clinical sample please indicate specimen type

Blood CSF

Other (please specify)

Date of collection D D M M Y Y Time

Date sent to UKHSA D D M M Y Y

Do you suspect from clinical or lab information that patient is infected with a Hazard Group 3 or 4 pathogen (excluding HIV)?

Group 3 Group 4 No Unknown

If referring an isolate, give preliminary ID and lab results

If yes, give all relevant details. **Note:** If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Please state the presumptive identification

Priority status

TESTS REQUESTED

Isolates

Corynebacterium diphtheriae/C. ulcerans/C. pseudotuberculosis

For confirmation & toxigenicity testing

Streptococcus pneumoniae capsule typing (invasive)

Haemophilus spp. (invasive) Please tick and state ID method above:

Haemophilus influenzae Other *Haemophilus* species (specify presumptive ID above)

Bordetella spp.

Bordetella pertussis Other *Bordetella* species (specify presumptive ID above)

Sera

MIC Evaluation

Reason for MIC request:

Diphtheria immunity

Tetanus immunity

B. pertussis anti-PT IgG antibodies (NOT for immunity) - state onset date below

SENDER'S LABORATORY RESULTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Main diagnosis Bacteraemia Meningitis Pneumonia Epiglottitis Septic arthritis Cellulitis

other (please specify)

Date of onset D D M M Y Y

Recent travel abroad? Yes No Unknown

Country of travel

COMMENTS