



# Gastrointestinal Bacteria Referral Clinical Specimen

(For cultures please use Form L4)

*C. botulinum, C. perfringens, C. tetani, E. coli and Helicobacter*

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Please write clearly in dark ink

## SENDER'S INFORMATION

Sender's name and address

Postcode

### Report to be sent FAO

Contact Phone Ext

### Purchase order number

Project code

Outbreak/investigation

ILog number

## PATIENT/SOURCE INFORMATION

- Human     Animal\*     Other\*  
 Inpatient     Outpatient     GP Patient     Other\*

\*Please specify

### NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex     male     female

Date of birth Age

Patient's postcode

Patient's HPT

Ward/clinic name

Ward type

## SAMPLE INFORMATION

### Your reference

Date of collection Time am/pm

Date sent to UKHSA

### Sample details

- Biopsy (*Helicobacter* only)     Faeces (*STEC, C. botulinum* & *C. perfringens* enterotoxin only)     Rectal swab (*STEC* only)     Serum (*C. botulinum* only)

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

- Yes - Group3     Yes - Group4     No

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

## TESTS REQUESTED

- C. botulinum*     *C. perfringens* enterotoxin     *C. tetani*     *E. coli* O157/STEC     *Helicobacter*  
 Other (please specify)

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

### Clinical details

- Abdominal pain     Fatal     Post-mortem sample  
 Asymptomatic     Guillain Barré syndrome  
 Constipation     HUS  
 Diarrhoea     Meningitis  
 Diarrhoea (Bloody)     Neurological symptoms (please provide details below)  
 Diarrhoea (Watery)     Pyrexia/Fever  
 Encephalitis     Septicaemia  
 Enteritis     Vomiting  
 Other (please specify)

- Renal dialysis     Recent blood transfusion

Antibiotic treatment

Vaccination history

### Outbreak Type

- General     Household     Sporadic case

Outbreak details

No. of symptomatic people:

Recent foreign travel?     Yes     No

Countries visited in past 4 weeks:

Date of onset Time am/pm

Duration of symptoms:

## OTHER COMMENTS