



Please write clearly in dark ink

Gastrointestinal Bacteria Culture Referral

(For clinical specimens please use Form L5)

Bacillus, C. botulinum, C. perfringens, C. tetani, Campylobacter, E. coli, Helicobacter, Listeria, Salmonella, Shigella, Vibrio and Yersinia

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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* Food* Environmental* Other*
 Blood CSF Faeces Serum Urine 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

Date sent to UKHSA

Place of sampling

Do you suspect that the isolate you are referring could be Hazard Group 3 ? Yes No

Please provide preliminary identification and laboratory results

Please state the presumptive identification

TESTS REQUESTED

- Bacillus Campylobacter C. botulinum C. perfringens C. tetani Escherichia Helicobacter
 Listeria Salmonella Shigella Vibrio Yersinia Other (specify)

Hazard group 3 isolates: S. Typhi S. Paratyphi A, B or C E. coli O157 Other STEC Sh. dysenteriae 1 Y. pestis

Please specify tests required

SENDER'S LABORATORY RESULTS

Organism identified (biochemically) API VITEK1 VITEK2 MALDI Other (specify)

Comments / Profile No. Organism count (cfu/g)

Salmonella Please state serology results. Indicate whether result is + or -

Polyvalent PSO PSH 1+2 PSH 2 **O antigens** Vi 2 4 6, 7 8 9 3,10 15 Other (specify)

H antigens E G L a b d i m p r z z10 Other (specify)

STEC/Shigella Agglutination negative Shigella strains may indicate atypical VTEC. Please state serology results:

Sh. boydii Sh. dysenteriae Sh. flexneri Sh. sonnei Agglutination negative O157 Not done

CLINICAL/EPIDEMIOLOGICAL INFORMATION

- Abdominal pain Diarrhoea (watery) Meningitis Pyrexia/fever Fatal Post-mortem sample
 Diarrhoea Encephalitis Nausea Septicaemia Other (specify)
 Diarrhoea (bloody) Enteritis Neurological (specify) Vomiting

Outbreak Type: General Household Sporadic case Onset date time am/pm

Outbreak details

Foreign travel in the past 4 weeks? Certain countries are high risk for HG3 pathogens. Please state country. Yes No

OTHER COMMENTS