



SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

PHE outbreak/investigation

ILog number

PATIENT/SOURCE INFORMATION

Human Animal* Food* Water* Environment* Other*

*Please specify

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

Sample type

Isolate* Serum Clinical Sample*

Other (please specify)

*If isolate or clinical sample please indicate original specimen type

Blood CSF

Other (please specify)

Date of collection Time

Date sent to PHE

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

Group3 Group4 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

- Streptococcus pneumoniae* capsule typing
- Corynebacterium diphtheriae** or other potentially toxigenic corynebacteria
(*C. ulcerans*, *C. pseudotuberculosis*) identification & toxigenicity testing
- Diphtheria immunity/Vaccination studies* *Please state vaccination history under clinical information
- Tetanus immunity/Vaccination studies*
- Haemophilus* spp
(Please underline presumptive identification *Haemophilus influenzae* *Haemophilus* sp)

MICS

Reason for seeking MICS

Bordetella spp

- B. pertussis* anti-PT IgG antibodies
- Clinical specimen for *B. pertussis* PCR detection
- Culture for identification

SENDER'S LABORATORY RESULTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Main diagnosis Bacteraemia Meningitis Epiglottitis
 Pneumonia Septic arthritis Cellulitis
 Other (please specify)

Recent travel abroad? Yes No Unknown

Date of onset D D M M Y Y Y Y