



Public Health
England

Please write clearly in dark ink

Fastrack

PCR Detection of M.tuberculosis complex and Mutations for Rifampicin Resistance

National Mycobacterium Reference
Service-South (NMRS-South)
61 Colindale Ave,
London NW9 5HT

Phone +44 (0)20 832 76957
Email nmrl@phe.gov.uk
phe.nmrs-south@nhs.net
www.gov.uk/phe

PHE Colindale
DX 6680700
COLINDALE NW

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone

Ext

Purchase order number

Postcode

PATIENT/SOURCE INFORMATION

NHS number

Sex ☐ male ☐ female

Surname

Date of birth

Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Clinical / Patient's consultant

SAMPLE INFORMATION

Your reference#

SAMPLE TYPE

☐ Positive culture (>3ml) OR ☐ Primary specimen

Specimen type (untreated if possible)

Date of collection D D M M Y Y Time

Date sent to PHE D D M M Y Y

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?

If yes, give all relevant details

If referring an isolate, give preliminary ID and lab results

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

Note: For CSFs a minimum of 0.5 ml Whole CSF (ie not Supernatant) is needed

TESTS REQUESTED

This form can only be used for the submission of samples for the Fastrack Service. **This is a chargeable service, please refer to our price list for the current rate or contact the Laboratory.**

Fastrack is a service to detect the presence of Mycobacterium tuberculosis complex, mainly in primary specimens, by molecular amplification techniques. This test which includes an indication of rifampicin resistance can also be performed on positive cultures.

NB. Smear negative and extra pulmoary samples should be discussed with our laboratory Clinical staff.

SENDER'S LABORATORY RESULTS

Smear results ☐ Positive ☐ Negative
☐ Not done ☐ Unknown

If CSF	White cells	Lymphocytes	Red Cells
	Neutrophils	Glucose	Protein
	Blood Glucose		

Any other results

CLINICAL/EPIDEMIOLOGICAL INFORMATION

TB diagnosed previously? ☐ Yes ☐ No ☐ Unknown

Immunosuppressed? ☐ Yes ☐ No ☐ Don't know

HIV positive? ☐ Yes ☐ No ☐ Unknown

Weight loss? ☐ Yes ☐ No ☐ Don't know

Brief case history including treatment:

Fever? ☐ Yes ☐ No ☐ Don't know

Abnormal CXR? ☐ Yes ☐ No ☐ Don't know

Reason for Test ☐ Suspected MDRTB ☐ Poor clinical progress
☐ Detection of Mtb complex

Other clinical details

Is the patient on treatment now? ☐ Yes ☐ No

OTHER COMMENTS

Please provide any other relevant information

REFERRED BY

Name
Phone

Signature

Date

D D M M Y Y