N3

PHE Microbiology request form

Public Health England

M.tuberculosis Molecular Epidemiology

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

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

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Case notified? ☐ Yes ☐ No

Sex ☐ male ☐ female

Date of birth Age Place of birth

Patient's postcode

Patient's HPT

Patient's consultant

Notifying doctor

SAMPLE INFORMATION

Your reference#

SAMPLE TYPE

Date of collection D D M M Y Y Time

Date sent to PHE D D M M Y Y

Priority status

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the request for 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

SENDER'S LABORATORY RESULTS

Drug susceptibilities *(R = Resistant, S = Sensitive, B = Borderline)*

	R	S	B		R	S	B
Isoniazid	☐	☐	☐	Ofloxacin	☐	☐	☐
Rifampicin	☐	☐	☐	Prothionamide	☐	☐	☐
Pyrazinamide	☐	☐	☐	Amikacin	☐	☐	☐
Ethambutol	☐	☐	☐	Capreomycin	☐	☐	☐
Streptomycin	☐	☐	☐	PAS	☐	☐	☐
Moxifloxacin	☐	☐	☐	Kanamycin	☐	☐	☐

Microscopy Smear result ☐ Positive ☐ Negative

☐ 4+ ☐ 3+ ☐ 2+ ☐ 1+ ☐ +/-

Any other results

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Patients clinical details *(in complete confidence)*

Fever?	☐ Yes	☐ No	☐ Don't know
Weight loss?	☐ Yes	☐ No	☐ Don't know
Productive sputum?	☐ Yes	☐ No	☐ Don't know
Haemoptysis?	☐ Yes	☐ No	☐ Don't know
HIV Positive?	☐ Yes	☐ No	☐ Don't know
Immunosuppressed?	☐ Yes	☐ No	☐ Don't know
Abnormal CXR?	☐ Yes	☐ No	☐ Don't know

Date of diagnosis D D M M Y Y

Abnormal CXR? ☐ Yes ☐ No ☐ Don't know

If yes, what abnormality?

Chemotherapy? ☐ Yes ☐ No ☐ Don't know

If yes, provide details

Other clinical details

Outbreak details

Is the culture related to a possible outbreak? ☐ Yes ☐ No

Index case (if known)

Place of contact

Why do you think this is an outbreak?

Can we contact you for more information if needed? ☐ Yes ☐ No

Is the culture a lab contaminant? ☐ Yes ☐ No

Is the culture a bronchoscope contaminant? ☐ Yes ☐ No

REFERRED BY

Name Signature Date D D M M Y Y