



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 yes

if yes please specify

PATIENT/SOURCE INFORMATION

Human Animal* Food* Water* Environment* Other*

** Please specify*

InPatient Outpatient GP Patient Other*

** Please specify*

Intravenous drug use Homeless Hostel* Prison inmate Prison staff Prison name*: ** 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 Clinical Sample DNA Extract* **with original specimen if available*

Other *(please specify)*

Please indicate original specimen type

Blood Urine Sputum

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 / methodology used

TESTS REQUESTED

Legionella

- L. pneumophila* urinary antigen test confirmation
- Clinical specimen for *L. pneumophila* detection/culture/typing*
- Clinical specimen for *Legionella* spp. detection/culture/identification[†]
- Culture for identification confirmation or typing

*urinary Ag positive [†]urinary Ag Negative

Mycoplasma/Ureaplasma

- Clinical specimen for *M. pneumoniae* PCR, culture & Macrolide resistance (Mutation detection)
- Clinical specimen for *Ureaplasma* / *M. hominis* PCR & culture
- Culture for identification

Epidemiological typing of:

- Group A Streptococcus
- Group B Streptococcus
- Group C Streptococcus
- Group G Streptococcus

MICS *(Streptococci only, please give the reason for seeking MICS in one of the fields below)*

Identification of *Streptococcus* spp and related genera excluding Enterococci *(please ensure you have provided a presumptive identification if possible) (charged service)*

SENDER'S LABORATORY RESULTS

L. pneumophila Sgp 1 antigen in urine Positive Equivocal

Assay/Kit:

Lot number:

API profile no

Gram stain

Oxidase +/-

Catalase +/-

Growth requirement

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Antibiotics Start Date:

Antibiotics Completion Date:

Antibiotics given:

Date of onset D D M M Y Y Y Y