



\*Please write clearly in black ink  
denotes mandatory field

## REQUESTING OFFICER

Report to be returned to:	Local authority <input type="checkbox"/>	PHE <input type="checkbox"/>
	<b>Investigating Officer</b>	
	Contact Phone	.Ext
	<b>ILog number</b>	
Postcode	Copy report to	
Phone	Address	
	Postcode	
	Ext	

## PATIENT/SOURCE INFORMATION

NHS number	Patient's address
*Surname	
*Forename	
Sex    male <input type="checkbox"/> female <input type="checkbox"/>	
*Date of birth      D   D   M   M   Y   Y   Y   Y   Age	Postcode

## SAMPLE INFORMATION

Sample type <input type="checkbox"/> Faecal <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Do you suspect that the sample you are referring could contain a Hazard Group 3 pathogen?    Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
If other please specify:	Please state the presumptive identification
Date of collection      D   D   M   M   Y   Y   Y   Y   Time	Hazard group 3 (HG3)
Priority status	<input type="checkbox"/> S. typhi <input type="checkbox"/> S. paratyphi A, B or C <input type="checkbox"/> E. coli 0157
Is food being submitted?	<input type="checkbox"/> Other HG3 <input type="checkbox"/> M. tuberculosis
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	

## CLINICAL DETAILS

Diarrhoea <input type="checkbox"/>	
Vomiting <input type="checkbox"/>	
Fever <input type="checkbox"/>	
Rash <input type="checkbox"/>	
Blood in stool <input type="checkbox"/>	
Has the patient had a recent history of foreign travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country _____
Is this a:	Date returned to UK _____
Follow up case <input type="checkbox"/>	
Household case <input type="checkbox"/>	
Sporadic case <input type="checkbox"/>	
Single organism investigation <input type="checkbox"/>	
Contact <input type="checkbox"/>	

## LAB USE ONLY

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