



AMRHAI Serodiagnosis Referral

Staphylococcal, Streptococcal, *P. aeruginosa* & *B. pseudomallei* antibodies

Bacteriology Reference Department
(AMRHAI)
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PHE Colindale
Bacteriology
DX 6530002
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Postcode

PATIENT/SOURCE INFORMATION

Human Animal

InPatient Outpatient GP Patient Other*

*Please specify

NHS number

Sex male female

Surname

Date of birth Age

Forename

Patient's postcode

Hospital number

Ward/ clinic name

Hospital name (if different from sender's name)

Ward type

Have previous samples been sent to PHE Yes No

PHE reference number

Medico-legal case

SAMPLE INFORMATION

Your reference

Sample type

Date of collection Time

Date sent to PHE

Priority status

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 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

TESTS REQUESTED

Staphylococcal antibodies *P. aeruginosa* antibodies

Streptococcal antibodies *B. pseudomallei* antibodies (Please telephone 020 8327 7224 to arrange)

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

Abscess Arthritis Cellulitis Cystic fibrosis Erythema nodosum

Haematuria Joint pain Osteomyelitis Pneumonia Pyrexia/Fever

Rash Septicaemia Sore throat Tonsillitis Total joint replacement

Vasculitis Other (please specify)

Date of onset

Foreign Travel? Yes No

Country

Antibiotic therapy

Reasons for request

OTHER COMMENTS