



Public Health
England

Protecting and improving the nation's health

Specialist Microbiology Network Public Health Laboratory, Birmingham Public Health Microbiology Services User Handbook

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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1. Role of the PHE Specialist Microbiology Network

The PHE National Infection Service incorporates infectious diseases epidemiologists, microbiologists, infection specialists, modellers, statisticians and other allied disciplines, including support staff, necessary to deliver a world class service to protect the population in England from infectious disease and reduce the burden of infectious disease, working with partners in the UK and internationally.

Public Health England (PHE) has a network of 6 specialist microbiology laboratories across England. Each lead laboratory provides:

Microbiology support for the investigation, management and control of infection and outbreaks of communicable disease both during and out of normal working hours.

Expert medical and scientific microbiological advice, including access to PHE experts locally and nationally as necessary.

A wide range of diagnostic, specialist and reference tests.

National standard methods and PHE testing algorithms.

Clear guidance for users.

Surge capacity to deal with large (up to 500 specimens per day) unanticipated outbreaks at short notice. PHE can also provide additional capacity for larger testing numbers and access to specific typing if required to define the epidemiology of outbreaks. Access to additional testing capacity will usually be made in agreement with the regional microbiologist.

Support for both regional and national capacity to respond to specific events of potential public health importance.

Testing for look-back exercises for health protection teams (HPTs), acute NHS Trusts, primary care Trusts (CCGs) and local authorities.

Reporting of laboratory results within specified turnaround times for diagnostic specialist and reference tests. Results will be communicated by electronic means wherever possible and may be supported by paper reports as required or appropriate. These services will be provided to all customers (HPTs, NHS Trusts and CCGs).

Standard interpretive comments as a part of test reports.

Senior clinical and scientific staff will add specific interpretation and further advice relevant to individual patient needs or for public health significance.

Mechanisms for the proper handling, storage and security of all samples and documentation at all times. This will be carried out in accordance with PHE guidelines, national guidelines and regulatory/legal requirements.

Efficient and timely communications with public health organisations, both within the PHE (including HPTs) and externally – eg local authorities and primary care groups/clusters involved in communicable disease control.

All PHE diagnostic laboratories have UKAS ISO15189:2012 Accreditation. The Food, Water and Environment (FW&E) laboratories are all recognised as EU Official Testing Laboratories and are accredited by UKAS.

2. PHE Public Health Laboratory for the Midlands

The PHE laboratory for the Midlands is PHE Public Health Laboratory Birmingham University Hospitals Birmingham NHS Foundation Trust, Heartlands Hospital, Bordesley Green, East Birmingham B9 5SS.

In addition to its clinical diagnostic microbiology role, the PHE laboratory in Birmingham provides a range of public health microbiology services. These include:

- a full range of tests to investigate any event or outbreak of possible public health significance in the community
- advice on the best diagnostic strategies to be adopted
- advice on interpretation of test results and additional investigations that may be helpful
- support to incident/outbreak investigation teams
- prompt communication of results in agreement with published turnaround times
- follow up/clearance testing of patients, or contacts of patients, in whom organisms of public health importance are detected
- support for NHS Trusts/HPTs in the specialist investigation of health care associated infection

These public health microbiology services are available to:

- staff in HPTs
- local authority staff and directors of public health
- CCGs/clusters
- acute Trusts

The laboratory is part of a network of specialised PHE laboratories across England (including laboratories testing food water and environmental samples) and including the major reference units at PHE Colindale and PHE Porton. This user manual describes the provision of and access to public health microbiology services and gives contact details for the laboratory and its key personnel. It is also available on the PHE website at the link below. A separate handbook documents the clinical diagnostic and research services of the Birmingham laboratory:

www.gov.uk/search?q=public+health+laboratory+birmingham

The PHEPHLB National Mycobacterium Reference Service-Central & North (NMRS-Central & North) is also located within The Public Health laboratory Birmingham.

The principal activities of the unit include: Provision of a Mycobacterial Reference Service based on Whole Genome Sequencing for identification of *Mycobacterium* sp isolates; prediction of drug susceptibility and resistance, and determination of relatedness for detection of transmission and investigation of outbreaks.

Phenotypic drug susceptibility testing is carried out for selected M tuberculosis complex and non-tuberculosis mycobacterial isolates. Extended testing is carried out for M TB complex isolates with resistance to first line agents.

The laboratory also offers primary isolation service including microscopy and culture; urgent PCR Service for detection of *M. tuberculosis* complex and rifampicin (and multidrug) resistance. The NMRS (C&N) provides information and advice to clinical and public health teams for the identification and investigation of outbreaks and TB transmission. Our activities support surveillance activity for TB in the UK. For further information please refer to the PHEPHLB National Mycobacterium Reference Service-Central & North (NMRS-Central & North) user's manual.

3. Key contacts

Who to contact during normal working hours

In the event of a suspected outbreak or incident please use the following contact number(s) in the first instance so that appropriate arrangements for investigation can be made: Duty Clinical Microbiologist Telephone: 0121 424 3240.

3.1 Medical advice

During working hours, any of the medical staff will be happy to help you with any enquiries that you may have: 0121 424 3111.

3.2 General enquiries

For enquiries about laboratory results please phone the results enquiry telephone line: 0121 424 3111.

3.3 Key laboratory personnel and contact details

West Midlands Lead Public Health
Microbiologist:
Dr. Grace Smith
Email: grace.smith@heartofengland.nhs.uk
Tel: 0121 424 3247

East Midlands Lead Public Health
Microbiologist
Dr. Esther Robinson
Email: esther.robinson@phe.gov.uk
Tel: 0121 424 3725

Clinical Services Director:
Dr Husam Osman
Email:
husam.osman@heartofengland.nhs.uk
Tel: 0121 424 2513

Interim Regional Operations Manager:
Sarah Gardiner
Email:
sarah.gardnier@heartofengland.nhs.uk
Tel: 0121 424 1249

Laboratory Manager:
Judith Workman
Email:
Judith.workman@heartofengland.nhs.uk
Tel: 0121 424 1225

Public Health Services & Acute
Bacteriology Manager:
Karen Reynolds
Email:
karen.reynolds@heartofengland.nhs.uk
Tel: 0121 424 3250

Laboratory Administrator:

Louise Taylor or Donna Colledge

Email:

louise.taylor@heartofengland.nhs.uk or
donna.colledge@heartofengland.nhs.uk

Tel: 0121 424 0717

Laboratory Duty Manager:

Contact Number: 0121 424 3250

Enteric Laboratory:

Lead: Comfort Maduako

Email:

comfort.maduako@heartofengland.nhs.uk

Tel: 0121 424 3111

Duty Clinical Microbiologist:

0900-1700 hours (Monday-Friday)

Tel: 0121 424 3240

Duty Clinical Virologist:

0900-1700 hours (Monday-Friday)

Tel: 0121 424 2000 Bleep 2821

National Mycobacterial Reference Service:

Lead: Priti Rathod

Telephone: 0121 424 3111

Email: priti.rathod@heartofengland.nhs.uk

For details of/access to the Food, Water and Environment Testing Service in the West Midlands please contact: Deborah Fenelon, FW & E Outposted Scientist.

Email: deborah.fenelon@phe.gov.uk

Telephone: Mobile: 07557 184394

For details of/access to the Food, Water and Environmental Testing Service in the East Midlands please contact:

Rob Johnston, FW & E Outposted Scientist

Email: rob.johnston@phe.gov.uk

Mobile: 07834 000237

Telephone direct dial: 0115 8441304

Telephone: 0344 2254524

PHE Food, Water and Environmental Microbiology Services (London Laboratory)

Public Health England, 61 Colindale Avenue, London NW9 5EQ

Tel: 020 8327 6548/6550/6551

Email: fwem@phe.gov.uk

PHE Food, Water and Environmental Microbiology Services (Porton Laboratory)

Porton Down, Salisbury, SP4 0JG

Tel: 01980 616766

Email: FWEPorton@phe.gov.uk

PHE Food, Water and Environmental Microbiology Services (York Laboratory)

National Agri-Food Innovation Campus, Block 10, Sand Hutton, York YO41 1LZ

Tel: 01904 468948

Email: yorkfwelab@phe.gov.uk

3.4 Out-of-hours service

The Public Health Laboratory, Birmingham provides an emergency out of hours service for urgent medical advice and to receive and process urgent clinical specimens.

Out of Hours: 1700 to 09:00 hours weekdays, weekends and bank holidays. On call Duty Clinical Microbiologist/Virologist: please contact via Switchboard – 0121 424 2000.

Contact on call staff for specific delivery arrangements out of hours via Switchboard: 0121 424 2000.

3.5 Complaints procedure

Customers may raise concerns through various methods such as phone calls, letters or emails. All customer concerns/complaints should be addressed to Andrea Blowers, Quality Manager.

4. Laboratory location, working hours and access details

The laboratory is located at the rear of the Heartlands hospital site, accessible via the Yardley Green Road entrance. Entrance to the laboratory is made via Pathology Specimen Reception which is signposted. Out of hours specimen delivery needs to be made to the Blood Bank. This is clearly signposted on entering the Yardley Green Road entrance as you approach the Pathology block.

The link below enables access to a site map:

www.heartofengland.nhs.uk/wp-content/uploads/Heartlands-map.jpg

Postal address:

PHE Public Health Laboratory, Birmingham University Hospitals Birmingham, NHS Foundation Trust, Heartlands Hospital, Bordesley Green East Birmingham, B9 5SS.

Website: www.gov.uk/the-midlands-public-health-laboratory-services

4.1 Laboratory working hours

Monday to Friday 0700 to 2000.

Weekends and Bank Holidays 0800 to 1600.

Please contact the laboratory in advance of submission with details of the incident/outbreak and investigations required.

Please notify the laboratory of the Ilog/outbreak identifier if one has been assigned.

All non-urgent specimens should arrive in the laboratory within the hours specified.

5. NHS laboratories and access to public health testing in the Midlands

All NHS laboratories have responsibilities for health protection which includes providing support for the investigation of local outbreaks in their catchment area through:

- contributing to the formulation of local contingency plans and participation in exercises
- detection of local outbreaks through monitoring laboratory findings
- detection and prompt reporting of unusual occurrences of public health significance
- providing initial laboratory support for outbreaks incidents and look-back exercise as appropriate
- attendance of appropriate staff at local community control of infection meetings and incident/outbreak control team meetings
- advice on appropriate investigations and interpretation of results
- forwarding of appropriate specimens to reference laboratories

Initially, diagnostic patient specimens are likely to be examined at the local NHS laboratory. However, once an outbreak has been recognised and declared by the HPT or other appropriate authority, there should be a discussion between the initial investigating NHS laboratory or HPT with the regional microbiologist or Duty Consultant Microbiologist in the PHE laboratory to decide on testing of additional specimens and the method of transport. If either the number of specimens expected is likely to exceed the capacity of the local NHS laboratory, or requires specialist tests, then the specimens should be referred to the nearest PHE laboratory.

If a local NHS laboratory is unable to provide this support at any time, for whatever reason, the PHE will make arrangements to ensure that these services continue to be provided. If any difficulties with existing or new arrangements are encountered please contact the Lead Public Health Microbiologist on 0121 424 2500, Public Services Manager on 0121 424 3250 or Head of Operations on 0121 424 1249 who will make sure that arrangements are securely in place.

6. Definition of a public health microbiology specimen

A public health microbiology specimen is usually submitted to determine the cause and extent of an outbreak in a community (institution, family group or the wider community) or to see whether an observed cluster of cases is related and constitutes an outbreak:

- specimens may also be submitted to detect spread and contain and/or prevent an outbreak eg diphtheria, group A streptococcus
- patient specimens may also be submitted for clearance purposes (eg faeces for *E. coli* O157) or to detect carriage of pathogens in asymptomatic individuals eg *Salmonella typhi*

The list below provides some of the circumstances in which public health specimens may be submitted (this list is not exhaustive):

- in the investigation of an outbreak eg diarrhoea and vomiting in a nursing home or other institution
- suspected food poisoning in a group or community
- respiratory symptoms in an institution eg suspected influenza
- to check for clearance of certain pathogens (see above) in individuals working in high risk situations eg food handlers, those working with children or other vulnerable groups
- screening of contacts of index cases eg diphtheria, poliomyelitis
- look back exercises eg carriage of blood borne viruses in a health care worker
- TB contact tracing
- investigation of a cluster of cases of eg Legionnaires' disease, which could have a common source

Such specimens are usually submitted at the request of:

- senior staff of an HPT
- an environmental health officer
- at the request or on behalf of the Director of Public Health or consultant in communicable disease control
- at the instigation of the regional microbiologist eg for specialist typing in the investigation of episodes of health care associated infection

7. Collection of specimens

In order to provide the best quality results, it is essential that good specimens are collected properly and at the appropriate time. It is also important that they are transported to the laboratory safely and without undue delay (See Appendix 1 for safety considerations).

Inappropriate specimens or those that are inadequately labelled (see request form), damaged or leaking are liable to be discarded. Should this occur, every attempt will be made to inform the sender so that a second specimen may be collected.

Both the request form and specimen container must be labelled with at least 2 patient identifiers, such as:

- patient's full name
- patient's date of birth
- patient's postcode
- hospital/clinic number or NHS number
- date the sample was taken

The above will assist us in the surveillance of communicable diseases. **Please provide full details of where to send the result and who to contact if we need to report an urgent, significant result. Please provide an Outbreak Number if available.**

7.1 Sample collection and submission

Please ensure that all details are completed on the request form and sample container before it is given to the patient. Ask the patient to complete all details on the specimen container before collecting the specimen.

These must include:

- first name
- second name
- date of birth

7.1.2 Faecal specimens

The specimen size should be at least 5ml.

The patient or carer should wear disposable gloves.

Please ensure that all details on both the specimen and accompanying request form are completed. Failure to do so will lead to rejection of the specimen.

Please give full clinical details and brief details of the outbreak on the request form. In outbreak situations or when unusual pathogens may be implicated, it is essential to discuss the request with one of our consultant microbiologists before submission of specimens.

An incident number (ILOG) should be allocated to each outbreak and included on the request form.

The faecal sample will be examined for the presence of:

- Salmonella
- Shigella
- *E. coli* O157
- Campylobacter
- *Cryptosporidium* and giardia species as a routine
- *Clostridium difficile* in all patients with diarrhoea over the age of 65 years and where clinically indicated (eg in nursing home or care home outbreaks)

Should you suspect any of the following pathogens:

- Vibrio cholerae
- Diarrhoeagenic E. Coli (other than E.coli O157)
- Yersinia enterocolitica
- Enteric parasites
- Food poisoning due to Staphylococcus aureus, Clostridium perfringens, or Bacillus cereus, please discuss with the consultant microbiologist

Should the clinical history suggest infection with viral pathogens, this too should be clearly indicated on the request form.

When a viral aetiology is suspected, faeces for virology will be routinely investigated for Norovirus.

Additional viral pathogens can be sought (adenovirus, astrovirus, rotavirus, sapovirus). Please discuss with the duty Virologist.

7.1.2 Throat/pharyngeal swabs

- for detection of carriage of *Neisseria meningitidis*: The swab should be taken through the mouth (sweeping posterior pharynx behind the uvula)
- for detection of Group A streptococcus: Swab the tonsillar area
- for detection of *Corynebacterium diphtheriae*: Nose and throat swabs should be submitted

If infection with *Corynebacterium diphtheriae* is suspected on clinical grounds a microbiologist should be contacted without delay (ie without waiting for confirmation by culture). **One suspected case of diphtheria requires urgent public health action.**

7.1.3 Viral respiratory specimens

Occasionally outbreaks of influenza occur in institutions. The incident management team will advise when specimens from these outbreaks need to be submitted. Please seek the advice of the duty Virologist on what specimens are required and how these should be submitted.

Flu kits can be obtained from the laboratory (and include instructions for collection).

7.1.4 Sputum

Please contact the laboratory to discuss the submission of specimens. Should you need to submit sputum specimens for examination for the presence of mycobacteria eg in cases of suspected tuberculosis, please contact laboratory consultant medical staff for advice and discussion before submitting any specimens.

7.1.5 Urine

Fresh urine specimens (in a clean universal container) may be required for the diagnosis of Legionnaires' disease.

7.1.6 Serum

Specimens of clotted blood for:

- investigation of clusters of atypical pneumonia
- look back exercises to detect the transmission of blood borne viruses

By arrangement with laboratory/incident or outbreak management team.

7.2 Methods of specimen submission

7.2.1 Direct submission to the laboratory

This method of submission is available to all local authorities submitting samples to the laboratory. See Section 4 for specimen drop-off information.

7.2.2 Submission to the laboratory via other hospital pathology departments

Many hospitals have a daily transport to the Public Health Laboratory, Birmingham. Specimens for forwarding can be submitted to the following hospital pathology receptions for onward transport to the laboratory:

- Good Hope Hospital Pathology Reception
- Solihull Hospital Pathology Reception

7.2.3 Submissions to the laboratory via post

Specimens can be submitted to the laboratory by post provided they are packaged according to current postal regulations. Details of postal packs are given in Appendix 3.

7.2.3.1 Obtaining more postal packs

Environmental health departments will be provided with an initial small supply (3-6) of postal transport packs for these purposes. These packs contain the appropriate packaging materials, instructions for use and a postage-paid envelope to accompany the specimen (example Appendix 3). Any specimens sent by post must comply with infectious substances transport regulations:

www.dft.gov.uk/426155/425453/800_300/infectioussubstances.pdf

Further supplies of sample packs, request forms and specimen containers are available by contacting the Public Health Laboratory, Birmingham:

Email: phebirmingham@heartofengland.nhs.uk

7.2.4 Submission to the laboratory using an agreed PHE courier

In special circumstances, eg the nature or scale of the outbreak, the Head of Operations at the PHE laboratory may, by agreement, organise courier transport, additional specimen containers and any other materials.

8. Investigation of local outbreaks

Environmental health officers, HPTs and general practitioners can continue to refer specimens for investigation of individual cases of infection and small community outbreaks using their local NHS laboratories if this has been their practice.

If an outbreak control team is convened by the HPT and specimen numbers exceed or are likely to exceed the capacity of the NHS laboratory then the specimens should be referred to the PHE laboratory, after discussion with a senior member of the PHE laboratory staff. Mechanisms for the continued investigation of the outbreak will then be agreed by the outbreak control team.

As soon as an outbreak is recognised (of whatever size) the HPT/PHE laboratory will assign an outbreak number/identifier. This should be used to identify specimens associated with the outbreak or incident.

If an outbreak is identified initially by an environmental health department (EHD) or HPT the outbreak specimens should be referred to the PHE laboratory in Birmingham under an outbreak number/identifier if one has been allocated.

For specimens other than faeces; please contact the Duty Consultant Microbiologist/Virologist or Public Health Services Manager to arrange the provision of appropriate collection kits.

Note: Food, water or environmental samples should be sent to the PHE's FW&E microbiology laboratory. You should continue to follow current protocols to maintain the integrity of the samples during transport unless notified otherwise (NB not all should be refrigerated).

9. Other communicable disease

Less common infections may require different specimen types or have less distinct storage and transport needs. In such circumstances, please consult with Duty Consultant Microbiologist/Virologist before taking and submitting specimens.

10. Test turnaround times

Information on tests carried out and approximate turn-around-times can be found in our laboratory handbook which is available at this link:

www.heftpathology.com

Alternatively information can be obtained direct from the laboratory. Please call: 0121 424 3111.

For communication on high priority specimens or any concerns during regular working hours, please call the Duty Clinical Microbiologist/Virologist.

11. Reporting results

Results will be reported by electronic reporting facilities, where available. Hard copy printouts can also be produced, especially where electronic reporting is not possible, and distributed via established routes. Electronic reporting facilities are available depending on the compatibility of computer systems. Urgent results will be telephoned or sent to a secure fax by agreement/secure email.

Appendix 1: Sample submission safety considerations

1.1 Health and safety

The specimen containers and mail transport systems provided by the laboratory should be used. The individual requesting or taking specimens from patients known to be infectious must ensure that both the form and specimen bag are appropriately labelled.

It is essential, where the requester knows or strongly suspects that the patient is infected with a dangerous pathogen that this specific information is provided with every specimen or the request form.

1.2 Packaging of specimens

Specimens should be placed in the appropriate specimen container, which must be securely fastened and any accidental spillage cleaned immediately, with an appropriate chlorine containing disinfectant (see below for details).

Each specimen should be placed in a clear plastic double (“marsupial”) self-sealing bag with one compartment containing the request form and the other the specimen. See: <http://www.hse.gov.uk/aboutus/meetings/committees/acdp/080609/acdp-92-p5g.pdf>

Where a needle has been used to obtain the specimen, the needle **should be disposed of safely into an approved sharps container at the point of use** and **not** included in the packet transported to the laboratory.

Packaging of specimens from patients should be placed in the appropriate specimen container, which must be securely fastened and any accidental spillage cleaned immediately **with an appropriate chlorine containing disinfectant:** 10,000ppm available chlorine for blood spillage (do not use on urine spills) 1,000ppm for surface disinfection.

NB undiluted domestic bleach contains 100,000ppm available chlorine.

This should be placed in a clear plastic double (“marsupial”) self-sealing bag with one compartment containing the request form and the other the specimen. The specimens should then be placed in a second (outer) plastic bag and appropriately labelled. All specimens and forms should be clearly labelled with an “Infection risk from blood” label.

1.3 Transport of specimens


Specimens packaged as above must be transported to the laboratory in a robust, lidded, washable transport box. Do not use ordinary envelopes or “jiffy” bags for transportation. Do not staple or puncture polythene bags.

1.4 High-risk incidents and safety

Universal precautions should be observed and appropriate personal protective equipment worn when specimens are collected (sterile gloves to take blood, masks, protective eyewear and a plastic apron if splashing of blood or other body fluids is likely to occur). Any inoculation incidents (needlesticks or contamination of conjunctiva, mucous membranes or broken skin, with blood or body fluids), must be reported as soon as possible – within 2 hours – to your **occupational health** service so that any required action can be instituted promptly.

THIS PROCEDURE MUST BE FOLLOWED WHETHER OR NOT THE PATIENT IS PERCEIVED TO BE HIGH RISK.

Appendix 2: Outbreak Request Form

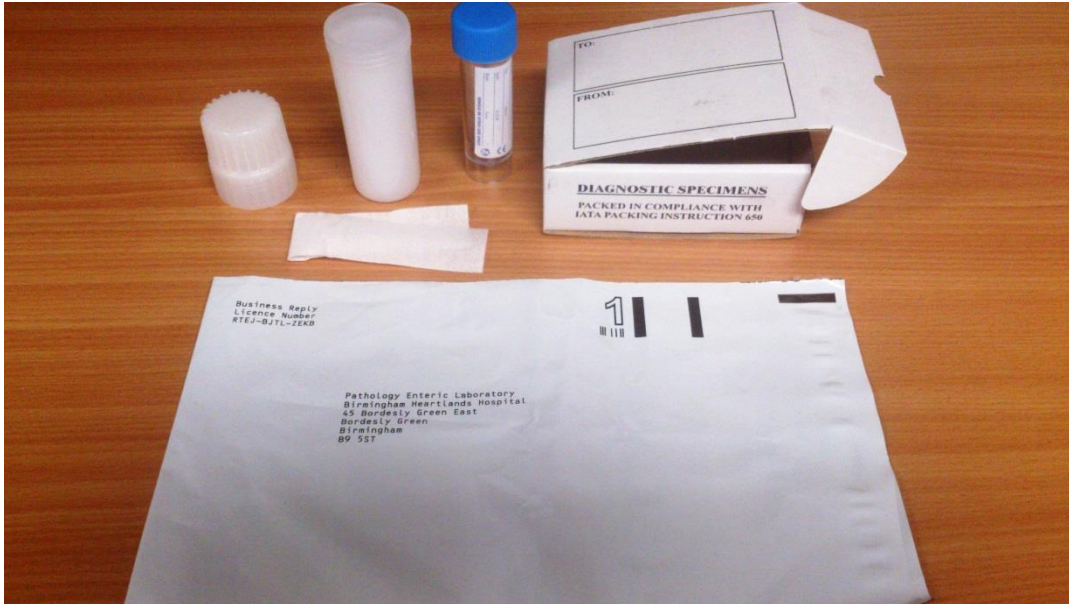
 Public Health England	Public Health Laboratory Birmingham		
	Request Form for Clinical Public Health Samples only		
Public Health Laboratory Birmingham University Hospitals Birmingham NHS Foundation Trust Heartlands Hospital Bordesley Green East Birmingham B9 5ST	*Incident Number _____		
Patient Details			
SURNAME*	Address		
FIRSTNAME *			
Date of Birth * (dd/mm/yyyy)			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
NHS Number		Postcode	
* Fields marked with an asterisk are mandatory. Failure to complete will lead to rejection of the specimen			
Date of sample collection (dd/mm/yy)			

Sample type e.g Throat swab, faeces, serum			

Date of onset:			

Sender Details	Local Authority Name:		
	*Result to (GP/HP-Team):		
	Copy of result to:		
Investigating officer	Address;		
Telephone number			
Fax number		Postcode	
ENTERIC Investigation	Clinical Details	Other Details	Investigations Required
	<input type="checkbox"/> Diarrhoea <input type="checkbox"/> Fever <input type="checkbox"/> Vomiting <input type="checkbox"/> Blood in stool <input type="checkbox"/> Other (please state below) <input type="checkbox"/> Recent travel (please give place & dates below)	<input type="checkbox"/> Sporadic Case <input type="checkbox"/> Follow-up Case <input type="checkbox"/> Household Contact <input type="checkbox"/> Food Handler <input type="checkbox"/> Possible Outbreak <input type="checkbox"/> Antibiotics (please state name & dates below)	<input type="checkbox"/> Enteric outbreak – (please give suspected pathogen) <input type="checkbox"/> Single organism investigation please state) e.g. salmonella, E.coli O157 <input type="checkbox"/> Virology e.g. Norovirus – please state below <input type="checkbox"/> Other e.g. C. perfringens– please state below <input type="checkbox"/> Non O157 STEC clearance (to send to GBRU)
NON-ENTERIC Investigation	Clinical Details	Other Details	Investigations Required
	Please state:- <input type="checkbox"/> Recent travel (please give place & dates below)	<input type="checkbox"/> Sporadic Case <input type="checkbox"/> Follow-up Case <input type="checkbox"/> Household Contact <input type="checkbox"/> Possible Outbreak <input type="checkbox"/> Antibiotics (please state name & dates below)	Suspected pathogen – please state eg. Influenza, meningococcus, iGAS
Comments and /or further information: continue overleaf if necessary			

Appendix 3: Postal packaging for faecal samples



Instructions to EHO's and patients for sending enteric specimens:

1. Place sample inside the sterile universal faeces container, making sure you do not overfill the container. Please ensure that you fill in the label on the sample container clearly and that there are a minimum of 2 patient identifiers on the sample container.
2. Place the container inside the plastic transport vial with the pad of absorbent material (SUPASORB) and ensure that the lids on both the faeces container and transport vial are securely closed.
3. Place the transport vial inside the cardboard transport box. Please complete the request form clearly and as fully as possible, ensuring there is a minimum of 2 patients identifiers. Include an incident (ILOG) number if possible.
4. Place the transport box, together with the completed request form, into the addressed opaque plastic envelope (UN3373) and post.