



Animal &
Plant Health
Agency

Brucella Culture Referral

OIE/FAO *Brucella* Reference Laboratory
Bld 94, Animal and Plant Health Agency
Woodham Lane, Addlestone
Surrey, KT15 3NB
www.gov.uk/apha

Disease Consultant Enquiries:
44 (0)208 026 9757

Laboratory Enquiries:
44 (0)330 041 6562

ATTENTION
Please provide a contact name, email address and telephone number for reporting results. Failure to do so, could cause a delay in receiving results.

Please write clearly in dark ink

SENDER INFORMATION

Sender's Name and Address: Postcode:	Report to be sent to: <hr/> Contact Email Address: <hr/> Contact Telephone Number:
---	--

PATIENT/SOURCE INFORMATION

NHS Number: <hr/> Surname: <hr/> Forename: <hr/> Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Date of birth: <hr/> Age: <hr/> Hospital Name: (if different from sender's name) <hr/>
--	---

SAMPLE INFORMATION

Sender's reference: <hr/> Date of collection: <hr/> Date sent to PHE: <hr/> Priority status: Urgent / Routine / Laboratory exposure	Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)? If yes, give <u>all</u> relevant details Note: If infection with a Hazard Group 3/4 pathogen is suspected, from clinical information or travel history, <u>you must</u> contact Reference Lab <u>before</u> sending
---	--

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Risk Factors

- Travelled abroad over past six month Occupational Hazard/ Laboratory Exposure

State country

State Occupation

- Consumption of unpasteurised milk/cheese
Dealing with cattle stillbirths Calving

Clinical Features

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Acute Onset | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Insidious Onset | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Arthralgia |
| <input type="checkbox"/> Fatigue | |

Complications

- | | |
|---|--|
| <input type="checkbox"/> Epididymo-orchitis | <input type="checkbox"/> Suppurative organ infection
<i>(eg spleen)</i> |
| <input type="checkbox"/> Bone/joint Involvement | <input type="checkbox"/> Abnormal Liver Function tests |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Other |

Please state

OTHER COMMENTS

MICROBIAL ID RESULTS
