



Mycobacterium Referral

Submission for Culture, Identification and Sensitivities (For Fastrack please use the N2 form, for Quantiferon please use N4)

National Mycobacterium Reference
Service-South (NMRS-South)
61 Colindale Ave,
London NW9 5HT

Phone +44 (0)20 832 76957
Email nmrs.south@phe.gov.uk
phe.nmrs-south@nhs.net
www.gov.uk/phe

PHE Colindale DX
6530016
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

Postcode

PATIENT/SOURCE INFORMATION

NHS number

Sex

male

female

Surname

Date of birth

Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Clinical / Patient's consultant

SAMPLE INFORMATION

Your reference #

SAMPLE TYPE

Positive culture

OR

Primary specimen

Specimen type / Isolation site

Date of collection

D

D

M

M

Y

Y

Time

Date sent to PHE

D

D

M

M

Y

Y

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 all relevant details

If referring an isolate, give preliminary ID and lab results

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

Identification & Sensitivities

Extra sensitivities

Other (please specify)

Microscopy

Culture

SENDER'S LABORATORY RESULTS

Smear results

Positive

Negative

Not done

Any other results including genotyping

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Immunosuppressed?

Yes

No

Don't know

Prior TB therapy?

Yes

No

Weight loss?

Yes

No

Don't know

If yes, when

Fever?

Yes

No

Don't know

If previous TB, what was the treatment?

Other clinical details

What was the site of the TB?

OTHER COMMENTS

Please provide any other relevant information

REFERRED BY

Name

Signature

Date

D

D

M

M

Y

Y

Phone