



Please write clearly in dark ink

www.gov.uk/ukhsa

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

UKHSA outbreak/investigation

ILog number

INVESTIGATION DETAILS

Investigation required

- Identification
- MIC evaluation *(check reason against our referral criteria and specify below)*
- Carbapenemase gene detection
- Linezolid resistance *(MIC determination and PCR)*
- Typing *(please specify)*

Reasons for referral

- Surveillance
- New investigation
- Continuing investigation*
- Unusual resistance *(please specify below)*
- Inter-hospital transfer
- Therapeutic guidance

* Please provide UKHSA investigation code and/or UKHSA reference numbers for previous requests

Number of isolates submitted

Do you suspect that any of the isolates you are referring could be Hazard Group 3 ? Yes No

Please provide preliminary ID and laboratory results

Presumptive Identification

- K. pneumoniae*
- Acinetobacter*
- B. cepacia* complex
- Other *Klebsiella* species
- Enterobacter*
- Serratia*
- Enterococcus*
- E. coli*
- S. maltophilia*
- P. aeruginosa*
- Other *(please specify)*

Medico-legal case

Additional information *(please provide gram stain if unknown organism)*

Date sent to UKHSA

 D D M M Y Y

Priority status

PATIENT/SOURCE INFORMATION

Sample information

Clinical information

REFERENCE LABORATORY USE ONLY

NHS number

Surname

Forename

DOB

Sex

Patient Staff

Ward type

Ward name

Your reference

Isolation site

Date/time of collection

Sampling reason

Clinical Screening

Acquired in

Hospital Community

Symptoms*

BAC END FATA
 PNE FEV

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 PNE FEV

*Symptoms BAC = Bacteraemia END = Endocarditis FATA = Fatal PNE = Pneumonia FEV = Pyrexia/Fever

Healthcare Pathogens Characterisation and Resistance (multiple isolates)

Continuation page. Not to be used without Page 1. This is Page ____ of ____ (total number of pages sent)

UKHSA Microbiology request form

PATIENT/SOURCE INFORMATION				Sample information	Clinical information
REFERENCE LABORATORY USE ONLY	NHS number	<input type="checkbox"/> Patient <input type="checkbox"/> Staff	Your reference	Sampling reason	
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