



Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone Ext

Email

Purchase order number

Project code

UKHSA outbreak/investigation

ILog number

PATIENT/SOURCE INFORMATION

 Human Animal* Food* Water* Environment* Other*
 InPatient Outpatient GP Patient Other*

*Please specify

Risk groups:

 Intravenous drug use Homeless Hostel*
 Prison Inmate Prison Staff Prison name*:

*Please specify

*Please specify

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex male female Medico-legal case

Date of birth D D M M Y Y Y Y Age

Patient's postcode

Patient's HPT

Ward/ clinic name

Ward type

SAMPLE INFORMATION

Your reference

Isolation site

 Blood Nose Wound Throat swab
 Environment Skin Urine Sputum
 Vaginal swab
 Other (please specify)

Date of collection D D M M Y Y Time

Date sent to UKHSA D D M M Y Y

Priority status

Do you suspect that the isolate you are referring could be
hazard group 3 ? Yes No

Please provide preliminary ID and laboratory results

Presumptive identification

 S. aureus MRSA *Streptococcus pyogenes* (group A)
 S. aureus MSSA *Streptococcus agalactiae* (group B)
 Coag Neg Staph *Streptococcus dysgalactiae* (group C & G)
 Coag Pos Staph *Streptococcus* spp. *Other (please specify)

Hazard group 3 isolates (please telephone 020 8327 7475 to arrange)

TESTS REQUESTED

 Species Identification MIC evaluation
(check reason against referral criteria and specify below) AMR gene detection
(*mecA/C* and *mupA/B* only) Typing (please specify)
 Linezolid resistance Extended toxin gene detection
(MIC determination and PCR) (*S. aureus* only) PVL toxin gene detection only
(*S. aureus* only)

SENDER'S LABORATORY RESULTS

MALDI-TOF ID Score/% Gram stain

Oxidase +/- Catalase +/- Growth requirement

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

 Abscess Pyrexia/Fever
 Bacteraemia Septic shock
 Chest infection Septicaemia
 Cystic fibrosis Scalded skin syndrome
 Endocarditis Sudden infant death syndrome
 Fatal Toxic shock syndrome Pneumonia
 Scarlet Fever Necrotising fasciitis
 Postpartum sepsis
 Other (please specify)

Reasons for request

 Confirmation of results (specify) Suspected cluster (specify)
 Unusual resistance (specify) Sporadic
 Therapeutic guidance Suspected hospital acquired
 Continuing investigation (specify) Suspected community acquired
 Increasing numbers (specify) Suspected community MRSA
 Inter-hospital transfer (specify)
 Other (please specify)Foreign Travel? Yes* No

*Country