



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

Project code

Postcode

PATIENT/SOURCE INFORMATION

Human Animal* Food* Water* Environment* Other* **Please specify*

InPatient Outpatient GP Patient

Other *(Please specify)*

NHS number

Sex

male

female

Surname

Date of birth

Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Ward/ clinic name

Hospital name *(if different from sender's name)*

Ward type

SAMPLE INFORMATION

Your reference

Sample type

Isolate

Clinical specimen

Isolation site / Source

Blood (EDTA/Serum)

Environment

Faeces

Blood Culture Fluid

Nose

Skin

Sputum

Urine

Wound

Other *(please specify)*

Date of collection

D

D

M

M

Y

Y

Time

Date sent to UKHSA

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)? Yes No

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

Please state the presumptive identification

Please tick the box if your clinical sample is post mortem?

TESTS REQUESTED

Bacterial Identification of: Actinomycetes (aerobic) Unknown/atypical isolate Unknown/culture-negative clinical specimen

MIC evaluation: *(specify reason in comments)*

SENDER'S LABORATORY RESULTS

API profile no

API kit

MALDI-TOF ID

Score/%

Growth requirement

Other information

Stain

Gram positive

Gram negative

Other *(please specify)*

Oxidase +/-

Catalase +/-

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Recent foreign travel?

Yes

No

Country

OTHER COMMENTS