



Please write clearly in dark ink

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

PATIENT/SOURCE INFORMATION

 Human Animal* Food* Water* Environment* Other*

*Please specify

 InPatient Outpatient GP Patient Other*

*Please specify

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex male female

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

Patient's postcode

Patient's HPT

Ward/ clinic name

Ward type

 Medico-legal case

SAMPLE INFORMATION

Your reference

Isolation site

-
- Blood
-
- Nose
-
- Wound
-
-
- Environment
-
- Skin
-
- Urine
-
-
- Faeces
-
- Sputum
-
- Rectal 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

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

 *Other (please specify)

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

-
- Brucella spp*
-
- B. pseudomallei*
-
- Other HG 3*

TESTS REQUESTED

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

SENDER'S LABORATORY RESULTS

MALDI-TOF ID Score/% Gram stain

Growth requirement

Oxidase +/- Catalase +/-

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

-
- Abscess
-
- Pyrexia/Fever
-
-
- Bacteraemia
-
- Septic shock
-
-
- Chest infection
-
- Septicaemia
-
-
- Cystic fibrosis
-
- Endocarditis
-
-
- Fatal
-
- Sudden infant death syndrome
-
-
- Pneumonia

 Other (please specify)Foreign Travel? Yes No

Reasons for request

-
- Confirmation of results (specify)
-
- Pseudobacteraemia
-
-
- Unusual resistance (specify)
-
- Sporadic
-
-
- Therapeutic guidance
-
- Suspected hospital acquired
-
-
- Continuing investigation
-
- Suspected community acquired
-
-
- Increasing numbers
-
- Inter-hospital transfer

 Other (please specify)

Country