

## Meningococcal Reference Unit (MRU) Request Form

Please complete all essential fields. Refer to [MRU User Manual](#) for sample submission guidance.

<b>Sender details</b>	<b>Sending Laboratory*:</b>					
	Address:					
	Telephone number:		Out of hours contact no:			
	Name of Health Protection Team (district of patient's residence):					
<b>Patient Details</b>	Surname*:		Patient Address:			
	Forename*:					
	Date of birth*:					
	Sex*: male female					
<b>Clinical Details</b>	NHS number*:		Patient post code:			
	<small>*Essential information</small>					
	Hospital name or number:		Ward:	Consultant:		
<b>Clinical Details</b>	Date of onset:		Fatal case?:      yes    no    NK			
	Clinical Details		Patient status:      case    carrier    contact			
			Recent travel abroad:    yes      no      NK			
			Country of travel:			
<b>Sample details</b>	Antibiotic treatment:		Case type:      sporadic      outbreak			
			Contact history:      family      school      NK			
	Further information (associated cases, transfers from other hospitals etc):		<b>Meningococcal Vaccination History</b>			
			Plain polysaccharide: A, C, Y, W Conjugated polysaccharide: A, C, Y, W Protein-based vaccine (eg. Bexsero®) Other			
<b>Sample details</b>	<b>Test required</b>	<b>Specimen clinical site/ Sample type</b>	<b>Senders Lab Reference</b>	<b>Date of collection</b>	<b>MRU use only</b>	
	<b><i>N. meningitidis</i> cultures</b> Identification, typing & antibiotic susceptibility (MIC) testing	1.				
		2.				
		3.				
	<b>Real-time PCR</b>	1.				
		2.				
	<b>Meningococcal PCR</b>	3.				
	<b>Pneumococcal PCR</b>	4.				
Meningococcal serology samples must be submitted to the Vaccine Evaluation Unit using the <a href="#">Vaccine Preventable Serology request form</a> .						