



Staphylococcus and Streptococcus Reference Service

Characterisation and Resistance (multiple isolates)

Bacteriology Reference Department (AMRHAI) Phone: +44 (0)20 8327 7887
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UKHSA Colindale Bacteriology DX 6530002 Colindale NW

Please write clearly in dark ink

www.gov.uk/ukhsa

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone Ext

Email

Purchase order number

Project code

UKHSA outbreak/investigation

Log number

Postcode

INVESTIGATION DETAILS

Investigation required

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

Typing (please specify)

Reasons for referral

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

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

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

- 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)

Medico-legal case

Additional information (please provide gram stain if unknown organism)

Date sent to UKHSA

 D D M M Y Y

Priority status

Number of isolates submitted

PATIENT/SOURCE INFORMATION

Sample information

Clinical information

REFERENCE LABORATORY USE ONLY

NHS number

Surname

Forename

DOB

Sex

Patient Staff
Ward type

Ward name

Risk group*

IVDA HOM HOS*

PRS PRN*

Your reference

Isolation site

Date/time of collection

Sampling reason

Clinical Screening

Acquired in

Hospital Community

Symptoms*

BAC END FATA FEV SF

SKI SSS TSS NF PS

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Symptoms*

BAC END FATA FEV SF

SKI SSS TSS NF PS

*Symptoms BAC = Bacteraemia END = Endocarditis FATA = Fatal FEV = Pyrexia/Fever *Risk groups IVDA = IV Drug Abuser HOM = Homeless HOS = Hostel (please specify) PRI = Prison Inmate PRS = Prison Staff PRN = Prison Name (please specify) SF = Scarlet Fever SKI = Skin Infection SSS = Scalded Skin TSS = Toxic Shock PS = Postpartum sepsis

PATIENT/SOURCE INFORMATION				Sample information	Clinical information
REFERENCE LABORATORY USE ONLY	NHS number	<input type="checkbox"/> Patient <input type="checkbox"/> Staff Ward type	Your reference	Sampling reason <input type="checkbox"/> Clinical <input type="checkbox"/> Screening	
	Surname	Ward name	Isolation site	Acquired in <input type="checkbox"/> Hospital <input type="checkbox"/> Community	
	Forename	Risk group* <input type="checkbox"/> IVDA <input type="checkbox"/> HOM <input type="checkbox"/> HOS* <input type="checkbox"/> PRI <input type="checkbox"/> PRS <input type="checkbox"/> PRN*	Date/time of collection	Symptoms* <input type="checkbox"/> BAC <input type="checkbox"/> END <input type="checkbox"/> FATA <input type="checkbox"/> FEV <input type="checkbox"/> SF <input type="checkbox"/> SKI <input type="checkbox"/> SSS <input type="checkbox"/> TSS <input type="checkbox"/> NF <input type="checkbox"/> PS	
	DOB	Sex			

*Symptoms **BAC** = Bacteraemia **END** = Endocarditis **FATA** = Fatal **FEV** = Pyrexia/Fever *Risk groups **IVDA** = IV Drug Abuser **HOM** = Homeless **HOS** = Hostel (please specify)
SF = Scarlet fever **SKI** = Skin Infection **SSS** = Scalded Skin **TSS** = Toxic Shock **PRI** = Prison Inmate **PRS** = Prison Staff **PRN** = Prison Name (please specify)
NF = Necrotising fasciitis **PS** = Postpartum sepsis