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Staphylococcus and Streptococcus Reference Service

| - I | JK Health | Characterisation and Resistance (multiple isolates) | | | | | | |
|---|---|---|-----------|---|--|----------------|---|--|
| S | Security Agency | Bacteriology Reference Departr (AMRHAI) 61 Colindale Avenue, London NW9 | | Phone: +44 AMRHAI@pl | () | 7 7887 | UKHSA Colindale Bacteriology DX 6530002 | |
| Plea | se write clearly in dark ink | | , | www.gov.u | k/ukhsa | | Colindale NW | |
| SE | NDER'S INFORM | ATION | | | | | | |
| Sen | der's name and addr | ess | | Report to | be sent FAC |) | | |
| 0011 | | | | Contact Phone Ext | | | | |
| | | | | Email | | | | |
| | | | - | | order numbe | er | | |
| | | | | Project code | | | | |
| | | | | UKHSA outbreak/investigation | | | | |
| Pos | tcode | | | ILog numbe | er | | | |
| IN۱ | VESTIGATION DE | TAILS | | | | | | |
| _ | estigation required Species Identification | | | - | uspect that a d Group 3 ? | any of the iso | Dates you are referring could Yes | |
| | PVL toxin gene detection only (S. aureus only) | | | | Please provide preliminary ID and laboratory results | | | |
| _ | - | gene detection (s. aureus only) Presumptive Identification | | | | | | |
| | AMR gene detection (mecA/C and mupA/B only) | | | | <i>occus pyogenes</i> (group A) | | | |
| _ | - | tion (check reason against referral criteria and specify below) S. aureus MSSA Streptococcus agalactiae (group B) | | | | | | |
| _ | Linezolid resistance (MIC determination and PCR) Coag Neg Staph Streptococcus dys | | | <i>occus dysgalactiae</i> (group C & G) | | | | |
| | | | | Coag Pos Staph Streptococcus spp. | | | | |
| | TVDING (please specify) | | | | | | | |
| Other (please specify) | | | | | | | | |
| Rea | asons for referral | | | Medico | -legal case | | | |
| | Surveillance ^(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 | | | | | | | | |
| | | | | | | | | |
| | | Date sent to UKHSA D D M M Y Y | | | | D D M M Y Y | | |
| | mber of isolates subm | | _ | Priority stat | | | | |
| PA | TIENT/SOURCE I | | Patient | t Staff | Sample inf Your reference | | Clinicial information Sampling reason | |
| DE | | NHS number | Ward type | | | 5 | Clinical Screening | |
| | FERENCE | Surname V | Ward nam | e | Isolation site | | Acquired in Hospital Community | |
| | ABORATORY | Forename | | | | | Hospital Community Symptoms* | |
| 05 | SE ONLY | Risk gro DOB Sex Dop | | | Date/time of co | ollection | BAC END FATA FEV SF | |

| Number of isolates subit | IIIIeu | Thomas a | noncy status | | | |
|---|---------------------|---|-------------------------|---|--|--|
| PATIENT/SOURCE I | NFORMATION | | Sample information | Clinicial information | | |
| REFERENCE | NHS number | Patient Staff Ward type | Your reference | Sampling reason | | |
| LABORATORY | Surname | Ward name | Isolation site | Acquired in Hospital Commu | | |
| USE ONLY | Forename DOB Sex | | BAC END FATA FEV SF | | | |
| | NHS number | PRS PRN* | Your reference | SKI SSS TSS NF PS | | |
| REFERENCE LABORATORY | Surname | Ward name Risk group* IVDA HOM HOS* PRS PRN* | Isolation site | Acquired in Hospital Community | | |
| USE ONLY | Forename DOB Sex | | Date/time of collection | Symptoms* | | |
| | DOB Sex | | | SKI SSS TSS NF PS | | |
| REFERENCE | NHS number | Patient Staff Ward type | Your reference | Sampling reason Clinical Screening | | |
| LABORATORY | Surname | Ward name | Isolation site | Acquired in Hospital Community | | |
| USE ONLY | DOB Sex | Risk group* | Date/time of collection | Symptoms* BAC END FATA FEV SF SKI SSS TSS NF PS | | |
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| REFERENCE LABORATORY | Surname | Ward name Risk group* | Isolation site | Acquired in Hospital Community | | |
| USE ONLY | Forename | | Date/time of collection | Symptoms* | | |
| | DOB Sex | PRS PRN* | | SKI SSS TSS NF PS | | |
| *Symptoms BAC = Bacteraemia END = Endocarditis SF = Scarlet Fever SKI = Skin Infection NF = Necrotising fasciitis FATA = Fatal SSS = Scaled Skin TSS = Toxic Shock PS = Prison Inmate PRS = Prison Staff PRN = Prison Name (please specify) PS = Postpartum sepsis Continuation page available | | | | | | |

Staphylococcus and Streptococcus Reference Service Characterisation and Resistance (multiple isolates)

Continuation page. Not to be used without Page 1.

This is Page _____ of _____ (total number of pages sent)

| | . Not to be used without Page | 1. This is Pag | | otal number of pages sent |
|--|--|--|---|---|
| PATIENT/SOURCE | | Patient Staff | Sample informa Your reference | tion Clinical information Sampling reason |
| REFERENCE | NHS number | Ward type | Your reference | |
| LABORATORY | Surname Forename | Ward name | Isolation site | Acquired in Hospital Communi |
| USE ONLY | DOB Sex | Risk group* | Date/time of collection | Symptoms* |
| | NHS number | PRI PRS PRN* | Your reference | Sampling reason |
| REFERENCE | Surname | Ward pame | Isolation site | Clinical Screening |
| LABORATORY USE ONLY | Forename | Ward name Risk group* | | Hospital Communi Symptoms* |
| USE UNET | DOB Sex | DIVDA HOM HOS* | Date/time of collection | BAC END FATA FEV SF |
| | NHS number | Patient Staff Ward type | Your reference | Sampling reason Clinical Screening |
| REFERENCE LABORATORY | Surname | Ward name | Isolation site | Acquired in Acquired in Communi |
| USE ONLY | Forename | Risk group* | Date/time of collection | Symptoms* |
| | DOB Sex | PRI PRS PRN* | V | SKI SSS TSS NF PS |
| REFERENCE | NHS number Surname | Patient Staff Ward type | Your reference | Sampling reason Clinical Screening Acquired in |
| LABORATORY | Forename | Ward name | Isolation site | Acquired in Hospital Communi |
| USE ONLY | DOB Sex | Risk group* | Date/time of collection | Symptoms* BAC_END_FATA_FEV_SF SKI_SSS_TSS_NF_PS |
| | NHS number | Patient Staff | Your reference | Sampling reason |
| REFERENCE | Surname | Ward type Ward name | Isolation site | Clinical Screening |
| LABORATORY USE ONLY | Forename | Risk group* | Date/time of collection | - Symptoms* |
| | DOB Sex | □ IVDA□ HOM□HOS* □ PRI □ PRS □ PRN* | | BAC END FATA FEV SF |
| REFERENCE | NHS number | Patient Staff Ward type | Your reference | Sampling reason |
| LABORATORY | Surname | Ward name | Isolation site | Acquired in Hospital Communi |
| USE ONLY | Forename DOB Sex | Risk group* | Date/time of collection | Symptoms* |
| | NHS number | PRI PRS PRN* | Your reference | Sampling reason |
| REFERENCE | Surname | Ward type | Isolation site | Clinical Screening |
| | Forename | Ward name Risk group* | | Hospital Communi Symptoms* |
| USE ONLY | DOB Sex | IVDA HOM HOS* | Date/time of collection | BAC END FATA FEV SF |
| | NHS number | Patient Staff Ward type | Your reference | Sampling reason Clinical Screening |
| REFERENCE LABORATORY | Surname | Ward name | Isolation site | Acquired in Hospital Commun |
| USE ONLY | Forename | Risk group* | Date/time of collection | Symptoms* |
| | DOB Sex | | V | SKI SSS TSS NF PS |
| REFERENCE | NHS number Surname | Patient Staff Ward type | Your reference | Sampling reason |
| LABORATORY | Forename | Ward name | Isolation site | Acquired in Hospital Commun |
| USE ONLY | DOB Sex | Risk group* | Date/time of collection | Symptoms* BAC_END FATA FEV SF SKI SSS TSS NF PS |
| | NHS number | Patient Staff | Your reference | Sampling reason |
| REFERENCE | Surname | Ward type Ward name | Isolation site | Clinical Screening |
| | Forename | Risk group* | Date/time of collection | Symptoms* |
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All requests are subject to UKHSA standard terms and conditions.