



Gastrointestinal Bacteria Referral Clinical Specimen

(For cultures please use Form L4)

C. botulinum, C. perfringens, C. tetani, E. coli and Helicobacter

Bacteriology Reference Department
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Bacteriology
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Please write clearly in dark ink

61 Colindale Avenue
London NW9 5HT

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Outbreak/investigation

ILog number

PATIENT/SOURCE INFORMATION

- Human Animal* Other*
 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 Age

Patient's postcode

Patient's HPT

Ward/clinic name

Ward type

SAMPLE INFORMATION

Your reference

Date of collection Time am/pm

Date sent to UKHSA

Sample details

- Biopsy (*Helicobacter* only) Faeces (*STEC, C. botulinum* & *C. perfringens* enterotoxin only) Rectal swab (*STEC* only) Serum (*C. botulinum* only)

Do you suspect from clinical or lab information that patient is infected with a Hazard Group 3 or 4 pathogen (excluding HIV)?

- Yes - Group3 Yes - Group4 No

If yes, give **all** relevant details. **Note:** If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

TESTS REQUESTED

- C. botulinum* *C. perfringens* enterotoxin *C. tetani* *E. coli* O157/STEC *Helicobacter*
 Other (please specify)

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

- Abdominal pain Fatal Post-mortem sample
 Asymptomatic Guillain Barré syndrome
 Constipation HUS
 Diarrhoea Meningitis
 Diarrhoea (Bloody) Neurological symptoms (please provide details below)
 Diarrhoea (Watery) Pyrexia/Fever
 Encephalitis Septicaemia
 Enteritis Vomiting
 Other (please specify)

- Renal dialysis Recent blood transfusion

Antibiotic treatment

Vaccination history

Outbreak Type

- General Household Sporadic case

Outbreak details

No. of symptomatic people:

Recent foreign travel? Yes No

Countries visited in past 4 weeks:

Date of onset Time am/pm

Duration of symptoms:

OTHER COMMENTS