



UK Health
Security
Agency

UKHSA Birmingham
Heartlands Hospital
Bordesley Green East
Birmingham, B9 5SS
DX6780100 Birmingham

UKHSA PHLB National Mycobacterial Reference Service Central and North mycobacteriology request form

V13 issued 24.10.2023

Lab enquiries Tel: 0121 424 0241
CL3 Manager: Priti Rathod
Key staff: Lisa Jarrett, Rose Allen, Amna
Zulfiqar
Email: nmrs.email@uhb.nhs.uk

Clinical enquiries
Consultant: Dr Esther Robinson
Tel: 0121 424 3725
Dr Noorann Sheikh
Tel: 0121 424 2464

Sender information

Name and address of sender:

Report FAO:

Contact phone number:

NHS.net email

Date of request/sending:

DD/MM/YYYY

Patient information – It is essential to complete all fields

Essential information. Fill in all fields and/or place printed label in this section.

First name:

Patient address:

Surname:

Date of birth:

DD/MM/YYYY

Sex:

M / F

NHS number:

Hospital number / PID:

Patient postcode:

Your lab number:

Sample information – It is essential to complete all fields

Original specimen type
and site:

Date specimen collected:
Time collected

DD/MM/YYYY

Date culture inoculated:

DD/MM/YYYY

What kind of sample
has been sent?
(Please tick)

Positive
mycobacterial culture
Primary specimen

Date culture positive:

DD/MM/YYYY

Results from Cepheid or
Line probe assay

AAFB Microscopy of primary sample:

Positive / Negative / Not Done

Tests requested (please tick)

Primary specimens

Primary isolation (AAFB microscopy+culture):

MTB complex / Rifampicin
resistance PCR (from primary
specimen only)

Positive mycobacterial cultures

Culture identification, sensitivities and strain
relatedness for TB complex

Additional information (such as preliminary identification, drug resistance or clinical details)

Please give any relevant clinical information to aid interpretation