



Leptospirosis Request

Rare and Imported Pathogens Laboratory (RIPL)

UKHSA Microbiology Services
Porton Down, Salisbury
Wiltshire SP4 0JG

Phone +44 (0)1980 612348 (9am - 5pm)
Email ripl@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA
DX 6930400
Salisbury 92 SP

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Direct Phone

Direct Phone (out of hours)

Postcode

PATIENT/SOURCE INFORMATION

Inpatient Outpatient GP Patient Other*

*Please specify

NHS number

Gender male female

Surname

Date of birth | D | D | M | M | Y | Y | Y | Y | Age

Forename

Patient's postcode

Hospital number

Patient's HPT

Hospital name (if different from sender's name)

ITU Dialysis Other ward/clinic:

Have previous samples been sent to RIPL? Yes No

Pregnant Yes Weeks No Unknown

RIPL Lab ref. no P _ _ C _ _ _ _ _

SAMPLE INFORMATION

Sample type

Your reference

Serum\clotted blood

Plasma

EDTA whole blood

CSF

Urine (only send with paired serum)

Other (please specify)

Date of collection | D | D | M | M | Y | Y | Time

Date sent to RIPL | D | D | M | M | Y | Y |

If Viral Haemorrhagic Fever (or infection with another Hazard Group 4 pathogen) is suspected, the Infectious Diseases, Microbiology or Virology doctor must call the Imported Fever Service on

0844 77 88 990

This number can be used for urgent clinical discussion of any patient with acute undiagnosed fever following recent travel abroad

Please tick the box if your clinical sample is post mortem

TESTS REQUESTED

RIPL will select the most appropriate Leptospirosis and Hantavirus tests based on information provided below (i.e. travel and clinical details) Refer to our user manual for further details

Leptospirosis PCR will be performed on all serum/plasma samples within 7 days post onset and on all urine samples paired with serum

OMIT HANTAVIRUS TESTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Foreign Travel within previous 30 days? Yes No Asymptomatic

Onset date | D | D | M | M | Y | Y

Date of travel (from UK) | D | D | M | M | Y | Y

Date returned (to UK) | D | D | M | M | Y | Y

Purpose of travel

Countries/areas visited

Urban area

Rural area

Open country

Forests

Water contact* Animal contact*

*Please specify

Relevant Occupational History

Fever

Headache

Flu-like illness

Myalgia

Malaise

Diarrhoea

Vomiting

Abnormal liver function

Hepatic failure

Jaundice

Abnormal renal function

Renal replacement therapy required

Thrombocytopenia

Meningitis

Other clinical details

Antimicrobials given?

REFERRED BY

Name

Signature

Date