UK Health Security Agency Cambridge Laboratory

Request form for clinical public health samples only

Laboratory address:								For laboratory use only			
UKHSA Public Health Laboratory Cambridge, Box 236,								Request numb			
Cambridge University Hospitals NHS For							ition Trust,	Outbreak number			
Cambridge Biomedical Campus, Hills Road Cambridge, CB2 0QQ						ad,		Outbreak nami	JCI		
Patient	<i>J</i> .										
Surname*								Address			
First na											
Date of birth * (dd/mm/yyyy)											
Gender	ı	Male □				Female \square					
NHS nu							Postcode				
* Fields marked with an asterisk are mandatory. Failure to complete all 3 may lead to rejection of the specimen											
Date of (dd/mm		le colle	collection				ample type (faeces/sw	ab/serum/etc)	Sa	mple site (throat/skin/etc)	
Sender	detail	S	Local authorit				y name			HPT or other (please specify)	
Investiga	officer	r			Address						
Telepho	ne nu	mber	r				_				
Email							Postcode				
	Cli	Clinical details				Other details			Investigations required		
		Diarrho Fever	oea	ea			Sporadic case Follow-up case			Enteric outbreak – please give suspected pathogen	
		Vomiti				Household contact			Single organism investigation – please		
tion		Blood in stool				☐ Food handler ☐ Possible outbreak				state, for example salmonella etc	
ERIC tiga	Recen dates:	Recent travel – place and				Possible outbreak Antibiotics – name and	d dates:		Other – state below:		
ENTERIC Investigation		uales.					Antibiotics – name and	a dates.			
ш <u>=</u>											
	nical de	al details				Other details			Investigations required		
		Please state:					Sporadic case			Suspected pathogen	
ပ			recent travel – place and ates:				Follow-up case Household contact			(for example influenza, meningococcus etc)	
TER ion							Possible outbreak Antibiotics – name and dates:			J	
-EN tigat		dates:									
NON-ENTERIC Investigation											
2 <u>=</u>											