



UK Health
Security
Agency

TREPONEMA PALLIDUM (SYPHILIS) PCR

STI Reference Laboratory
(STIRL)
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UKHSA Colindale(BRD)
DX 6530002
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone _____ Ext _____

Purchase order number _____

Project code _____

ODS code _____

PATIENT / SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Have previous samples been sent to UKHSA Yes No

Male Female Trans man Trans woman
 Other (please specify) _____

Date of birth _____ Age _____

Patient's postcode

Patient's HPT

Referring GUM Clinician

Referring GUM Clinic

Medico-legal case* (only if previously agreed with reference Laboratory)

SAMPLE INFORMATION

Your reference

Sample type

- Anogenital swab Mouth swab
 NPA Other (please specify) _____
 CSF*

*CSF RPR results available ?

Yes No Titre:

Date of collection _____

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?

If yes, give any relevant details Yes No

If referring an isolate, give preliminary ID and lab results

Note: If infection with Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab before sending

Please tick box if your clinical sample is post mortem

Date sent to UKHSA _____

Priority status

CLINICAL / EPIDEMIOLOGICAL INFORMATION

Clinical signs

- Ulcer Recent exposure
 Rash Previous syphilis
 Lymphadenopathy HIV positive
 Neurological symptoms **MPox suspected**
 No Symptoms
 Other (please specify) _____

Patient group from which sample was derived

- GUM attendee / Sexual health screen
 Antenatal Weeks _____
 Postnatal
 GP patient
 Other (please specify) _____

OTHER COMMENTS

REFERRED BY

Name

Signature

Date