



UK Health
Security
Agency

PUBLIC HEALTH SAMPLE REQUEST FORM

Failure to complete all fields on form may lead to sample rejection
Infection Sciences, Pathology Building,
Southmead Hospital, Bristol, BS10 5NB.

HPZONE NUMBER / OUTBREAK NAME:				REQUEST NUMBER (Lab use only):			
PATIENT DETAILS							
NHS NUMBER (if available):							
SURNAME:			FIRST NAME:				
DATE OF BIRTH (dd/mm/yyyy):						GENDER:	
ADDRESS AND POSTCODE:							
SENDER DETAILS							
REPORT LOCATION:				ZMPTO (Health Protection Team)			
REQUESTOR / TEL NO.:							
SAMPLE DETAILS							
SAMPLE TYPE / COLLECTION DATE:							
INVESTIGATIONS							
ENTERIC	VIROLOGY						
	VIROLOGY AND BACTERIAL MC&S						
	VIROLOGY, MC&S AND TOXIN PRODUCING PATHOGENS						
	CLEARANCE SAMPLE? IF YES, ORGANISM:						
RESPIRATORY	FULL VIROLOGY RESPIRATORY PANEL						
	AVIAN FLU						
Measles PCR							
OTHER (test(s) required)							
CLINICAL DETAILS (please write in box below, including details of any foreign travel)							



Guidance notes for submitting samples

- When submitting samples from confirmed / likely incidents associated with containment level 3 pathogens, e.g. typhoid, dysentery, cholera, O157, HUS, VHF, HIV, Hep A-E or TB, clinical details must be provided.
- Test information including details of sample types and containers are available at www.nbt.nhs.uk/severn-pathology
- Use one request form for each sample submitted.
- Failure to complete all fields on form may lead to sample rejection.
- Samples must be clearly labelled with surname, forename, date of birth, NHS number (if available), sample type, date and time of sample.
- Samples delivered by post cannot be accessed by the laboratory at weekends / on bank holidays.

Result enquiries

- Complete results are available on North Bristol ICE and UKHSA 'elab'.
- For other enquiries:

Monday to Friday (0900 - 1700)	0117 414 6222
Urgent enquiries out of hours (1700 – 0900)	0117 950 5050
Weekends and bank holidays	0117 950 5050