

UKHSA Newcastle Laboratory

Request form for clinical public health samples only

Outbreak number:

Deliver specimen to: Microbiology and Virology Department The Newcastle upon Tyne Hospitals NHS Foundation Trust Freeman Hospital Freeman Road High Heaton Newcastle upon Tyne NE7 7DN					Request number: For Laboratory use only								
Patient Details													
SURNAME*					Address								
FIRST NAME *													
Date of Birth * (dd/mm/yyyy)													
Gender		Male		Female									
NHS Number					Postcode								
* Fields marked with an asterisk are mandatory. Failure to complete all 3 may lead to rejection of the specimen													
Date of sample collection (dd/mm/yy)				Sample type (faeces, swab, serum, etc) please state site of sample, for example, throat, skin etc									
Sender Details		Local Authority Name					HPT or Other (please specify)						
Investigating officer		Address											
Telephone number		email											
Fax number		Postcode											
ENTERIC Investigation	Clinical Details			Other Details			Investigations Required						
	Diarrhoea Fever Vomiting Blood in stool Recent travel (<i>please give place and dates below</i>)			Sporadic Case Follow- up Case Household Contact Food Handler Possible Outbreak Antibiotics, (please state name and dates)			Enteric outbreak – (please give suspected pathogen) Single organism investigation (please state) for example, salmonella Other – please state below						
NON-ENTERIC Investigation	Clinical Details			Other Details			Investigations Required						
	Please state:- Recent travel (please give place and dates below)			Sporadic Case Follow- up Case Household Contact Possible Outbreak Antibiotics, (please state name and date)			Suspected pathogen: for example, Influenza, meningococcus						