100

Staphylococcus and Streptococcus Reference Service

UK Health	Characterisation and Resistance (multiple isolates)					
Security	Bacteriology Reference Department	Phone: +44 (0)20 832	7 7887 UKHSA Colindale			
Agency	(AMRHAI) 61 Colindale Avenue, London NW9 5HT	amrhai@ukhsa.gov.uk	Bacteriology DX 6530002			
Please write clearly in dark ink		www.gov.uk/ukhsa	Colindale NW			
SENDER'S INFORMATIO	ON					
Sender's name and address		Report to be sent FAG	0			
		Contact Phone	Ext			
		Email				
		Purchase order number				
		Project code				
		UKHSA outbreak/investigation				
Postcode		ILog number				
INVESTIGATION DETAI	LS					
Investigation required		Do you suspect that any of the isolates you are referring could				
Species Identification		be Hazard Group 3?	Yes No			
PVL toxin gene detection only (S. aureus only)		Please provide preliminary ID and laboratory results				
Extended toxin gene detection (s. aureus only) AMR gene detection (mecA/C and mupA/B only)		Presumptive Identification				
		S. aureus MRSA Streptococcus pyogenes (group A)				
	y e energy (please check referral criteria in the BRD user manual	<i>, S. aureus</i> MSSA				
Linezolid resistance (MIC de		Coag Neg Staph				
<u> </u>		Coag Pos Staph	Streptococcus spp.			
Typing (please specify)		Other (please specify)				
Reasons for referral		Medico-legal case				
Surveillance (specify below)	Unusual resistance (specify below)	Additional information (please provide gram stain if unknown organism)				
New cluster investigation	Inter-hospital transfer (specify below)					
Continuing cluster investi	gation* 🗌 Therapeutic guidance					
* Please provide UKHSA investigation code UKHSA reference numbers for previous rec						
		Date sent to UKHSA	d d m m y y			

Number of isolates subm	nitted		Priority sta	tus	
PATIENT/SOURCE	INFORMATION			Sample information	Clinicial information
DEEEDENCE	NHS number		Patient Staff Ward type	Your reference	Sampling reason
LABORATORY	Forename		Ward name Risk group*	Isolation site	Acquired in Hospital Community Symptoms*
USE ONLY	DOB	Sex	IVDA HOM HOS*	Date/time of collection	BAC END FATA FEV SF SKI SSS TSS NF PS
REFERENCE	NHS number		Patient Staff Ward type	Your reference	Sampling reason
LABORATORY	Surname Forename		Ward name	Isolation site	Acquired in Hospital Community
USE ONLY	DOB	Sex	Risk group*	Date/time of collection	Symptoms* BAC END FATA FEV SF SKI SSS TSS NF PS
DEEEDENCE	NHS number		Patient Staff Ward type	Your reference	Sampling reason Clinical Screening
REFERENCE LABORATORY	Surname		Ward name	Isolation site	Acquired in Hospital Community
USE ONLY	Forename Risk group* Date/time of DOB Sex PRN* CHN*	Date/time of collection	Symptoms* BAC END FATA FEV SF SKI SSS TSS NF PS		
DEFEDENCE	NHS number		Patient Staff Ward type	Your reference	Sampling reason Clinical Screening
REFERENCE LABORATORY	Surname		Ward name	Isolation site	Acquired in Hospital Community
USE ONLY	Forename DOB	Sex	Risk group* IVDA HOM HOS* PRN* CHN*	Date/time of collection	Symptoms* BAC END FATA FEV SF SKI SSS TSS NF PS
Symptoms BAC = Bacteraemia END SF = Scarlet Fever SKI = NF = Necrotising fasciitis	Skin Infection SSS = Scalded Skin	n TSS = Tóxic S		A = IV Drug Abuser HOM = Homele = Prison Name (please specify) CHN	

Staphylococcus and Streptococcus Reference Service Characterisation and Resistance (multiple isolates)

PATIENT/SOURC	E INFORMATION		Sample infor	mation Clinical information
	NHS number	Patient Staff Ward type	Your reference	Sampling reason
REFERENCE LABORATORY USE ONLY	Surname		Isolation site	Acquired in
	Forename	Ward name		Hospital Commu Symptoms*
	Don for	Risk group*	Date/time of collection	
	DOB Sex	PRN* CHN*	Your reference	
REFERENCE	NHS number	Vard type	Tour reference	Sampling reason
LABORATORY	Surname	Ward name	Isolation site	Acquired in Hospital Commu
USE ONLY	Forename	Risk group*	Date/time of collection	Symptoms*
	DOB Sex	□ IVDA□ HOM□HOS* □ PRN*□ CHN*		BAC END FATA FEV SI
	NHS number	Patient Staff Ward type	Your reference	Sampling reason
REFERENCE	Surname		Isolation site	Clinical Screenir
ABORATORY	Forename	Ward name		Hospital Commu Symptoms*
USE ONLY	DOB Sex	Risk group*	Date/time of collection	BAC END FATA FEV SF
	NHS number	PRN* CHN* Patient Staff	Your reference	Sampling reason
REFERENCE	Surname	Ward type		Clinical Screenin
ABORATORY		Ward name	Isolation site	Acquired in Hospital Commu
JSE ONLY	Forename	Risk group*	Date/time of collection	Symptoms*
	DOB Sex	IVDA HOM HOS* PRN* CHN*		
	NHS number	Patient Staff Ward type	Your reference	Sampling reason
REFERENCE	Surname	Ward name	Isolation site	Acquired in Commu
	Forename	Risk group*		Symptoms*
USE ONLY	DOB Sex	□ IVDA□ HOM□HOS* □ PRN*□ CHN*	Date/time of collection	BAC END FATA FEV SI
	NHS number	Patient Staff Ward type	Your reference	Sampling reason Clinical Screening
REFERENCE	Surname	Ward name	Isolation site	Acquired in
LABORATORY USE ONLY	Forename			Hospital Commu
	DOB Sex	Risk group*	Date/time of collection	BAC END FATA FEV SI
	NHS number	Patient Staff	Your reference	Sampling reason
REFERENCE	Surname	Ward type	Isolation site	Clinical Screenin
ABORATORY	Forename	Ward name	isolation site	Hospital Commu
USE ONLY	DOB Sex	Risk group*	Date/time of collection	BAC ON FATA SET
REFERENCE LABORATORY USE ONLY	NHS number	PRN* CHN* Patient Staff	Your reference	Sampling reason
	Surname	Ward type		Clinical Screenin
	Forename	Ward name	Isolation site	Hospital Commu
	rolename	Risk group*	Date/time of collection	Symptoms*
	DOB Sex			
REFERENCE LABORATORY USE ONLY	NHS number	Patient Staff Ward type	Your reference	Sampling reason
	Surname	Ward name	Isolation site	Acquired in Hospital Commu
	Forename	Risk group*		Symptoms*
	DOB Sex	□ IVDA□ HOM□HOS*	Date/time of collection	BAC END FATA FEV SI
REFERENCE LABORATORY USE ONLY	NHS number	Patient Staff	Your reference	Sampling reason
	Surname	Ward type	Isolation site	Clinical Screeni Acquired in
	Forename	Ward name		Hospital Commu
	DOB Sex	Risk group*	Date/time of collection	
	555	PRN* CHN*		SKI SSS TSS NF PS