



Staphylococcus and Streptococcus Reference Service

Characterisation and Resistance (multiple isolates)

Bacteriology Reference Department (AMRHAI) Phone: +44 (0)20 8327 7887
 61 Colindale Avenue, London NW9 5HT amrhai@ukhsa.gov.uk

UKHSA Colindale Bacteriology DX 6530002 Colindale NW

Please write clearly in dark ink

www.gov.uk/ukhsa

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone Ext

Email

Purchase order number

Project code

UKHSA outbreak/investigation

Log number

Postcode

INVESTIGATION DETAILS

Investigation required

- Species Identification
- PVL toxin gene detection only (*S. aureus* only)
- Extended toxin gene detection (*S. aureus* only)
- AMR gene detection (*mecA/C* and *mupA/B* only)
- Antimicrobial Susceptibility Testing (please check referral criteria in the BRD user manual)
- Linezolid resistance (*MIC* determination and PCR)
- Typing (please specify)

Do you suspect that any of the isolates you are referring could be Hazard Group 3 ? Yes No

Please provide preliminary ID and laboratory results

Presumptive Identification

- S. aureus* MRSA *Streptococcus pyogenes* (group A)
- S. aureus* MSSA *Streptococcus agalactiae* (group B)
- Coag Neg Staph *Streptococcus dysgalactiae* (group C & G)
- Coag Pos Staph *Streptococcus* spp.
- Other (please specify)

Reasons for referral

- Surveillance (specify below) Unusual resistance (specify below)
- New cluster investigation Inter-hospital transfer (specify below)
- Continuing cluster investigation* Therapeutic guidance

* Please provide UKHSA investigation code and/or UKHSA reference numbers for previous requests

Medico-legal case

Additional information (please provide gram stain if unknown organism)

Date sent to UKHSA D D M M Y Y

Number of isolates submitted

Priority status

PATIENT/SOURCE INFORMATION

Sample information

Clinical information

REFERENCE LABORATORY USE ONLY	NHS number	<input type="checkbox"/> Patient <input type="checkbox"/> Staff Ward type	Your reference	Sampling reason <input type="checkbox"/> Clinical <input type="checkbox"/> Screening
	Surname	Ward name	Isolation site	Acquired in <input type="checkbox"/> Hospital <input type="checkbox"/> Community
	Forename	Risk group* <input type="checkbox"/> IVDA <input type="checkbox"/> HOM <input type="checkbox"/> HOS* <input type="checkbox"/> PRN* <input type="checkbox"/> CHN*	Date/time of collection	Symptoms* <input type="checkbox"/> BAC <input type="checkbox"/> END <input type="checkbox"/> FATA <input type="checkbox"/> FEV <input type="checkbox"/> SF <input type="checkbox"/> SKI <input type="checkbox"/> SSS <input type="checkbox"/> TSS <input type="checkbox"/> NF <input type="checkbox"/> PS
	DOB	Sex		

*Symptoms BAC = Bacteraemia END = Endocarditis FATA = Fatal FEV = Pyrexia/Fever *Risk groups IVDA = IV Drug Abuser HOM = Homeless HOS = Hostel (please specify) PRN = Prison Name (please specify) CHN = Care Home Name (please specify)
 SF = Scarlet Fever SKI = Skin Infection SSS = Scalded Skin TSS = Toxic Shock

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SF = Scarlet fever **SKI** = Skin Infection **SSS** = Scalded Skin **TSS** = Toxic Shock **PRN** = Prison Name (please specify) **CHN** = Care Home Name
NF = Necrotising fasciitis **PS** = Postpartum sepsis